



# THE UNIVERSITY *of* EDINBURGH

This thesis has been submitted in fulfilment of the requirements for a postgraduate degree (e.g. PhD, MPhil, DClinPsychol) at the University of Edinburgh. Please note the following terms and conditions of use:

This work is protected by copyright and other intellectual property rights, which are retained by the thesis author, unless otherwise stated.

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge.

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

# Qualifying Kinship: How Do UK Gamete Donors Negotiate Identity-Release Donation?

Leah Gilman

Thesis submitted for award of Doctor of  
Philosophy

2017

University of Edinburgh

Word Count: 95,578



# Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree or professional qualification. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

Signed:

Leah Gilman

08.05.2017.



# Abstract

With effect from 1st April 2005, UK law was amended such that gamete donors must now consent to their identity being released to their donor offspring, should they request it after the age of eighteen. This qualitative study investigates the views and experiences of those donating in this new context. Drawing primarily on twenty-four in-depth interviews with donors, supplemented by twenty staff interviews and observation in two fertility clinics, I examine how donors make sense of their role in relation to offspring, recipients and the wider community. I argue that donors make sense of their role as “biological” parents to offspring through creative reference to kinship repertoires, drawing on their own experiences of “doing family.” However, crucially, kinship connections are always qualified in some way to show that they are not *quite* family to donor offspring, and certainly not their “real” parent. Often this discursive work involved emphasising their relationship to recipients or the wider community (rather than offspring), framing the donation as a gift or a public act. In addition, donors drew on their kinship expertise to dilute, reshape or “re-route” their connection to offspring. Ultimately, this is a thesis about the limiting work involved in “doing kinship.” I demonstrate that donors did this limiting work in highly creative ways, not restricted to forgetting or ignoring connections. Instead, I show that *not* constructing kinship claims can be as active a process as making them.



# Lay Summary

With effect from 1st April 2005, UK law was amended such that sperm and egg donors must now consent to their identity being released to their donor offspring, should they request it after the age of eighteen. This is the first research study to investigate the views and experiences of those donating in this new context. I interviewed twenty-four donors and twenty staff in fertility clinics and also shadowed staff in two UK fertility clinics in order to examine how donors make sense of their role in relation to offspring, recipients and the wider community. I argue that donors make sense of their role as biological parents to offspring by borrowing selected ideas and practices which we associate with families, including frequent comparisons with their own family relationships. However, they were always careful to qualify these references to make clear that they did not see themselves as family to their offspring in any straightforward sense, and certainly not their “real” parent. Often this involved emphasising the ways in which their donation connected them to their recipients or the wider community (rather than offspring), thereby framing the donation as a gift or a public act. In addition, donors drew on their experiential knowledge of the ways in which familial connections could be created and curtailed in order to renegotiate the meaning of their connection to offspring and distance themselves from a parental role. Ultimately, this is a thesis about the limiting work involved in constructing families. I demonstrate that donors did this limiting work in highly creative ways, not restricted to forgetting or ignoring connections. Instead, I show that *not* constructing kinship claims can be as active a process as making them.





# Acknowledgements

This PhD would not have been possible without the funding of the ESRC, the support of NHS Research Ethics staff and the help and support of a whole range of individuals, all of whom I would like to thank here.

First and foremost, I would like to thank my participants, donors and staff, who gave up their time to share their stories with me, often welcoming me into their homes and making me cups of tea in the process. I really enjoyed listening to your experiences. I hope that you enjoyed talking about them and that I have done them justice here. To the lovely staff at “Hillbrook” and “Greenview,” thank you so much for your support for the project, for your insightful feedback at various stages of the process and for making me feel welcome.

I am also incredibly grateful to my two brilliant supervisors, Gill Haddow and Janet Carsten, who have expertly guided me through this process. Your feedback and support has been invaluable throughout the last five years and I have always come away from our meetings feeling motivated and with a renewed fascination for the topic. Thank you to Gill for so often being an impromptu sounding board for me to talk through my half-baked ideas aloud and letting me know when, to put it mildly, they need a bit of refinement! I am sure it is in large part down to you both that I have so much enjoyed this project throughout.

Thank you to my friends in the department for making lunchtimes so entertaining, as well as all those cathartic conversations on the difficulties of trying to write and structure something so ridiculously long as a thesis. And thanks also to my friends outside of university, including the “wives club” and “jokers,” for keeping me sane and reminding me of life outside the walls of the academy!

To my Mum and Dad, I would not be writing these acknowledgements now without the benefit of all your support and love over the years, which have now even extended to reading this thing! I hope you're proud. Although, Dad, obviously I'm sorry, I know you would have preferred a Physics A-level! Hope this will do instead because (never say "never" but) I don't think that one is going to happen now.

To my Alex and our little monkey Sam, thank you for keeping me focussed every day on what really matters in life (mostly plant pots and gates!). Thanks Alex for being so supportive and proud of me the whole way through and for patiently listening to my "eureka" theories every time I thought I had "figured out" the PhD (particularly since they so often proved not to be the "answer").

Finally, a small apology to Dave Bridge: I'm sorry there's no more references to Marx in the rest of this thesis but since I'm sure you/he/all those ISJs on our shelves must have influenced what's written here on some level....(Marx 1867)!

# Table of Contents

List of Abbreviations .....	15
1. Introduction.....	17
Who are identity-release donors and why research their experiences?.....	17
Research questions and approach.....	18
My argument .....	20
Chapter outlines.....	22
2. A Brief History of Gamete Donation in the UK.....	31
Procedures .....	31
Regulation .....	35
Donor numbers .....	38
3. Literature Review .....	41
Constructing bodily donation as a (particular kind of) gift.....	43
The role of regulatory frameworks, procurement practices and the material-symbolic properties of bodies in shaping the meaning of donation.....	54
The social significance of “biological” or “genetic” connections.....	62
The continued ideal of the two-parent family .....	74
An emerging role for third parents .....	76
Negotiating “donor” parenthood .....	81
Conclusion.....	85
4. Designing and Doing the Research.....	87
Aims and objectives .....	87
Overall methodological approach .....	88

Recruitment and sample .....	89
Data collection:.....	97
Ethical decision-making .....	103
Analysing the data .....	106
Limitations and transferability.....	110
5. Giving and Getting Back: Connections with Recipients .....	113
Desperate recipients and the moral imperative to donate.....	115
The (almost) universal stranger: deserving and underserving recipients .....	120
Personalised relational gifts.....	125
Limiting relational gifts: organisational practices .....	138
Negotiating organisational practices .....	141
Good gifts are “pure gifts”.....	147
Respecting the boundaries of the recipient’s family .....	149
Conclusion.....	153
6. Money, Markets and Good Citizenship: Donors in Relation to the Healthcare System and Wider Community .....	155
Contributing to the community: donors as good citizens .....	158
Donation is not a job: “I didn’t do it for the money” .....	164
Are paid gifts possible? .....	169
Barriers to constructing payment as “compensation”.....	176
Explaining men’s reluctance to accept payment .....	179
Donors and clinics in partnership? .....	181
Conclusion.....	190
7. Substance and Stories: Connections with Donor Offspring .....	193
“I’m not their parent but they have a right to know where they came from” .....	194

The donors as a bio-information resource.....	200
Donors as a narrative support.....	209
Donors as a link between networks.....	213
A latent instant connection.....	219
Just as it would have been.....	220
Deconstructing family discourses and practices.....	222
Conclusion.....	226
8. Qualifying Kinship: Managing Risky Connections.....	229
Kinship repertoires.....	232
Depersonalising donation.....	233
Re-routing kinship.....	239
My family, their family.....	245
Making a joke of it.....	250
Keeping their distance.....	252
Being adaptable and letting them lead.....	254
Conclusion.....	261
9. Conclusion.....	263
Contribution to knowledge.....	270
Transferability and limitations of this study.....	273
Implications for policy and practice.....	275
References.....	279
Appendix i: donor information letter.....	293
Appendix ii: donor participant information sheet.....	295
Appendix iii: donor consent form.....	299
Appendix iv: staff participant letter.....	301

Appendix v: staff participant information sheet .....	303
Appendix vi: donor interview topic guide .....	307
Appendix vii: staff participant consent form .....	309
Appendix viii: staff interview topic guide .....	312

# List of Abbreviations

AI	Artificial Insemination
AMH	Anti-Mullerian Hormone
ARTs	Assisted Reproductive Technologies
BMI	Body Mass Index
DI	Donor Insemination
HFE	Human Fertilisation and Embryology
HFEA	Human Fertilisation and Embryology Authority
ICSI	Intra-cytoplasmic Sperm Injection
IVF	In-vitro Fertilisation
NGDT	National Gamete Donation Trust
NHS	National Health Service
STD	Sexually Transmitted Disease





# Introduction

## **Who are identity-release donors and why research their experiences?**

With effect from the 1st April 2005, the Human Fertilisation and Embryology (HFE) Act 1990 was amended giving donor-conceived offspring the right to identifying information about their gamete donor. Whilst previously donor anonymity was the norm, donors in UK licenced clinics have since been required to consent to their name and last known address being made available to any offspring who request it, after they reach the age of eighteen. Such men and women therefore donate with the prospect of future contact with their donor offspring. In recent decades, identity-release legislation has been introduced in jurisdictions around the world, including Canada, New Zealand, Austria and The Netherlands (Blyth and Frith 2009). The legislative change in the UK followed lobbying by donor-conceived persons and those advocating for them, such as social workers and ethicists. They made the argument that donor offspring, like adopted persons, had a “right to know their biological identity,” arguing that this information could be necessary for their ontological security (for example Daniels 1995; Freeman 1996; McGee, Brakman, and Gurmankin 2001; see Frith 2001 for a full discussion). Smart (2009; 2010) suggests that identity-release legislation, alongside more open adoption practices, can be seen as part of a wider idealisation of openness regarding “genetic truths” (sometimes legally enforced). The keeping of reproductive secrets is now increasingly seen as damaging to the emotional wellbeing of individuals and to the family relationships in which they are embedded.

Identity-release donors therefore donate in a markedly different legal-ethical context to previous anonymous donors. The newly established rights of donor-conceived offspring to identify and potentially contact their donor, and the ethic of openness in which it is embedded, give rise to a socially significant category of “donor parent.” Whilst the law is clear that gamete donors have no parental rights or responsibilities, their relationship to offspring *is* portrayed as meaningful, not something that should

be ignored or screened out, as was expected of previous anonymous donors (Speirs 2008). Under the new regulatory regime, “good donors” are those who are willing to be identified and open to contact from their offspring (Graham, Mohr, and Bourne 2016). Indeed, this is the only “type” of donor now permitted in UK clinics. We cannot assume that these identity-release donors will understand donation, and their role as donors, in the same way as previous anonymous donors. We already know that there are demographic differences between the previous cohort of anonymous donors and those coming forward in this changed legislative context. Identity-release donors, particularly sperm donors, tend to be older and are more likely to have children of their own (Daniels 2007b). However, as yet, we know very little about the views and experiences of these donors, particularly how they make sense of their role as “donor parents” (if indeed this is a term they use). This study addresses this knowledge gap.

Advancing our knowledge and understanding of these men and women’s experiences is valuable, both practically and theoretically. Filling the knowledge gap is crucial in order that appropriate support services can be put in place for donors, donor-conceived persons and their respective families. In addition, if research can identify challenges faced by identity-release donors which could then be addressed through changes to policy or practice, then more donors may come forward to donate, thus alleviating the current shortfall of UK donors in relation to potential recipients. At a theoretical level, understanding the experiences of identity-release donors also provides a means of exploring how “biological” substance and reproductive processes are negotiated in the ways we enact and imagine our relationships to others. Specifically, my research shows how “biological” processes and substances can be made socially meaningful in ways which do not straightforwardly map onto established kinship roles.

## **Research questions and approach**

This study examines how identity-release donors make sense of gamete donation. What kind of act do they think they are engaging in? How do they see their role, in

relation to offspring, recipients and relevant others? It also analyses the ways in which donors' understandings of their actions are shaped by the social contexts in which they donate. I take a broad view with regard to the "contexts" which are relevant here, seeking to examine how discourses and practices, both within and outwith the environment of the clinic, shape the ways in which donors make sense of donation. More specifically, I consider the role of regulation, and the ways in which this is interpreted through clinic practices and information literature, the (material and social) procedures through which sperm and egg are donated, stored and transferred between bodies and wider cultural discourses relating specifically to gamete donation and also to kinship, genetics, gifts and bodily donation more broadly. As my literature review demonstrates, these factors have all been shown to be salient in shaping the meaning of bodily donation more generally and it is necessary to take account of them in order to fully address my explanatory research aims.

The specific research questions which guided the study were:

1. How do UK identity-release gamete donors view and experience donation?
  - a) How do donors describe the role of a gamete donor?
  - b) Has the meaning of donation changed for donors over the life-course, if so how?
  - c) How do donors describe their motivations?
  - d) How do donors describe the donation process, in and out of clinic?
  - e) How do donors describe their role in relation to (potential) donor-conceived child(ren)?
  - f) How do donors describe their role in relation to recipient(s)?
  - g) How do donors feel about the possibility of contact from donor offspring?
  - h) How do donors expect they should or would react if they were contacted by donor offspring or recipients?
2. How are their views and experiences shaped by the social contexts in which they donate?

- a) What kinds of experiences and cultural discourses do donors draw on in order to make sense of donation and their role?
- b) What are the similarities and differences in the views of different donors and how might these be explained?
- c) With whom, and how, do donors discuss their donation?
- d) How do clinic staff view the act of gamete donation and the role of donors?
- e) What differences (if any) exist in the way clinic staff perceive different donors (i.e. men/women, parent/childless, younger/older) or different types of donation (known, patient, volunteer)?
- f) How do clinic staff interact with donors?

Given my exploratory and explanatory aims, I have taken a qualitative approach. I conducted in-depth interviews with 24 donors, eliciting rich data on their experiences of donation. Simultaneously, I carried out ethnographic fieldwork and 20 staff interviews in two fertility clinics with a view to understanding more about the clinic environments in which donors donated.

### **My argument**

My research shows that identity-release donors donate in the context of contradictory pressures to both connect with, and distance themselves from, offspring and the recipient's family. On the one hand, my participants had invested in the idea that donor offspring might have a need to one day meet their donor. Therefore, they could not simply dismiss their connection to offspring as socially insignificant. On the other hand, the donors I spoke to were very keen to avoid "treading on [the] toes" of the recipients. They were aware that, in light of an ideal of two-parent families and a perception of "natural" ties as enduring in contrast to their fragile "social" equivalent, their presence could be perceived as a threat to the status of recipients as the "real" parents. Too much interest in recipients and offspring could also be seen as inappropriate according to the norms of gift giving – gifts, properly given ought to be entirely given up. Being a "good" identity-release donor therefore meant balancing

these two imperatives – acknowledging the significance of their connection to offspring whilst taking steps to protect the statuses of the recipient(s) as the only “real” parents.

My findings demonstrate the remarkable creativity of donors negotiating these two pressures. In order to make sense of their connection to offspring, they often drew on their own experiences of “doing family” (Morgan 1996). They thought about what families ordinarily do and what these practices provide for themselves and others (such as looking for resemblances, passing on family histories or providing a sense of belonging) and adapted this knowledge to make sense of their relationship to offspring. Donors *deconstructed* their own kinship experiences to articulate what it was they might offer their offspring, trying to extract particular ways of “doing family” which might appropriately be offered by one’s genetic or donor parent. However, these kinship references were always qualified in order to make clear that the relationship they imagined with offspring did not map (in any straightforward way) onto an established kinship role and they certainly did not see themselves as the “real” parents.

My thesis offers a detailed analysis of the ways in which my donor participants qualify their potentially kin-like connection with offspring. It is in this way that I seek to contribute to our existing understanding of the ways in which kinship is both constructed and limited. In recent decades, sociologists of the family (Morgan 1996; Mason 2008; Finch 2007) and anthropologists of kinship (Carsten 2000a; 2004; Franklin and McKinnon 2000) have talked about family as something which is produced and reproduced through everyday practices. These social scientists have demonstrated the diverse ways in which kinship connections are constructed through reference to various processes and substances, which may or may not include those defined as “biological” (Thompson 2005; Weeks, Heaphy, and Donovan 2001; Edwards 2000; Mason 2008; Nordqvist 2014; Melhuus 2012; Howell 2006). In this thesis, I demonstrate that *not* constructing kinship, *not* doing family, can be equally as active and creative a process. The donors I interviewed distanced themselves from

a kinship (specifically, parental) connection to offspring in various ways, not restricted to screening out or ignoring the significance of “biology.” They did this limiting work by drawing on alternative or concurrent ways of viewing gamete donation – as a public act (akin to blood donation or charity) or as a personal gift connecting them to a specific recipient. In addition, they used humour, drew on physical and temporal distance, assigned kinning<sup>1</sup> agency to others and drew boundaries between their own families and the recipients. In these ways, donors diluted, reframed and “re-routed” their connection to offspring, protecting the kinship space of the recipient, whilst not dismissing the social significance of their relationship to offspring. As I will demonstrate, these different ways of qualifying kinship were not equally available to all. In particular donors’ gender and their pre-existing relationship to recipients (if any), shaped the ways in which they tended to talk about their donations in relation to recipients and the wider community. This in turn, influenced the discursive strategies available to them to manage their connection to offspring.

## **Chapter outlines**

In Chapter Two, I begin with some context, examining the medical and regulatory histories of gamete donation in the UK. I describe the procedures by which gamete donations are procured and transferred to patients seeking fertility treatment and I trace the development of UK regulations governing sperm and egg donation. In particular, I show how initial practices of secrecy have, to some extent, been replaced by identity-release legislation and the encouragement of recipients to disclose their children’s donor-conceived status. I also describe how regulations regarding payments have changed over recent decades. Finally, I analyse the numbers of men and women coming forward to donate gametes and how these have changed in relation to legislative and regulatory changes, regarding anonymity and payment. I show that the impact of such changes on donor numbers has been neither predictable

---

<sup>1</sup> I borrow the concept of “kinning” from Signe Howell to describe the process by which a person is “brought into significant and permanent relationship” with others (2006, 63).

nor straightforward. Hence the need for research, including this study, to examine how donors themselves make sense of donating under particular regulatory regimes.

Chapter Three reviews existing research and theory relevant to my study. I explain how previous scholarship has informed my research questions, demonstrate how my own study addresses previously unanswered questions and introduce concepts and theories pertinent to my own analysis. The chapter begins with a discussion of prior research and theory on the topic of bodily donation, including blood and organ, as well as gamete, donation. I use this literature to demonstrate a fundamental premise of my project – that bodily donations have no *intrinsic* meaning. Instead, the ways in which they are understood are shaped by the cultural (as well as material) worlds in which they take place. I show that legal regulations and organisational practices, as well as the material-symbolic properties of bodily substances, shape how such actions are made meaningful. A review of this literature also demonstrates the ubiquity of “the gift” in cultural discourses about bodily donation. I argue that the ubiquity of gift rhetoric masks divergent discourses about the social significance of gift giving – how gifts are expected to be given and with what consequences. I outline different theories of gift giving, including the ideal of the “pure” gift (J. Parry 1986; Laidlaw 2000; Derrida 1992), a conception of gifts as personal, relational activities (Mauss 1990) and, what I call, “communal gifts” – those given to the community at large (Titmuss 1973). I argue that these are best understood as gift discourses – meaningful ways of talking about gifts or constructing our actions as altruistic. I suggest that each has cultural saliency but one or other discourse may be more or less available depending on what is being given, in what context and by whom. These discourses on giving are a key part of the cultural context in which my donor participants donate and, as my analysis demonstrates, shape how they understand their donation and their role as donors.

The second half of Chapter Three reviews the anthropological and sociological literature on kinship, focussing on the ways in which “biological” processes and substances are negotiated in our constructions of kin. Previous studies suggest that,



when it comes to defining kin, selected “biological” processes and substances can be *made to matter* or they can be screened out by “social” practices, such as caring for a child. However, in the course of this review, what also becomes clear is the contradictory cultural context in which donors make sense of their role and the substance they donate. Cultural beliefs about the significance of “natural” ties both encourage and discourage donors to activate their connection to offspring. On the one hand, “natural” connections are idealised as automatic and enduring and so, as previous studies with gamete donors have demonstrated, they may be hard to screen out entirely and indeed this may not be straightforwardly desired, even if such connections are seen as socially or emotionally problematic. In addition, studies with adopted and donor-conceived persons suggest that knowledge about, or contact with, genetic parents may be perceived as beneficial in order to make sense of their identities and to provide a means of routing themselves in time and place. On the other hand, genetic parents may be seen as a threat to the status of social parents, particularly in light of an ideal of exclusive, two-parent families. In this chapter, I describe the few existing studies which have examined cases where donors negotiate these dual pressures, by neither screening out nor straightforwardly activating the kinship significance of their “biological” connection, but instead renegotiate the meaning of genetic relatedness. My own research contributes to this small body of literature, showing how “biology” can be made to matter in ways which do not map, in any straightforward way, onto established kinship roles.

In Chapter Four, I detail the methodology through which I collected and analysed the data presented in this thesis. I explain the decisions I made throughout the research process, including the ways in which the study was designed in theory, as well as the way it was carried out in practice. I explain why a qualitative approach was necessary to address my research questions and specifically why I elected to conduct in-depth interviews with donor participants in order to examine the discourses and experiences they drew on to make sense of their role. I sought to contextualise their narratives by conducting ethnographic fieldwork at the two clinics where my donors were predominantly recruited, as well as interviewing staff there. I go on to detail how the research sites were selected, how participants were recruited and the

demographics of my resulting sample of 24 donors and 20 staff. I analyse my experiences of conducting interviews and fieldwork, as well as data analysis, highlighting the challenges I faced along the way and the ways in which these have shaped the knowledge I produced. In addition, I examine ethical issues associated with the project and how I sought to address them. I conclude the chapter, by examining the inevitable limitations of my decisions and the consequences they have for the transferability of my research.

Chapters Five to Eight analyse the findings of my study and address my initial research questions. Across all of these chapters, I use my interview data to examine how participants made sense of their role as donors, therefore addressing research question (RQ) 1(a), with each chapter focussing on the donor's (often imagined) role in relation to particular groups. In chapter five, I analyse how they positioned themselves in relation to recipients (RQ 1(c) and 1(f)). Chapter six examines how donors spoke about themselves in relation to the health care system and wider community (RQ 1(c) and 1(d)) and chapters seven and eight focus on their imagined relationships to (potential) offspring (RQ 1(b), 1(e), 1(g) and 1(h)). Drawing on staff interviews and fieldwork in the clinics, as well donor interview data, each of these chapters demonstrates how donors' views are shaped by practices in the clinic (RQ 2(d), 2(e) and 2(f)) and interactions with others beyond the clinic (RQ 2(c)), as well as wider cultural discourses (RQ 2(a)). Where appropriate, I explore similarities and differences in the experiences of different donors (RQ 2(b)), for example between sperm and egg donors or known and unknown donors, with a view to explaining how these discourses and practices (both within and beyond the clinic) might have shaped their views and experiences in particular ways.

Chapter Five looks at the ways in which donors narrated their role in relation to recipients. I show that donors frequently framed their donation as a "communal gift" – a civic act of sharing their surplus with those in need. In this way, they constructed a connection with recipients that was indirect; these were gifts to a generalised group of people in need. However, I go on to show that many donors (the vast majority, egg

donors) also framed their donation as a personal, relational gift which connected them to *their* specific recipient. Some sought to personalise or extend this connection by seeking further information about, or desiring to meet, their recipient. However, all my donor participants were limited in their ability to construct these kinds of personal connections with recipients. I show that clinic practices and anonymity, as well as a wider cultural ideology of the “pure gift” discouraged such connection making. In addition, the desire to give recipient’s a “normal” experience of parenthood meant many donors felt some distance was best, in order to avoid “treading on [the] toes” of the recipient. I argue that male donors faced particular barriers to constructing personal connections with recipients; they were aware that, due to the particular stigma attached to donor insemination and male infertility, they might be seen as a particular threat to male recipients and so they tended to keep their distance, discursively as well as physically.

In Chapter Six, I consider how donors positioned themselves in relation to the healthcare system and the wider community. Following from the previous chapter, I show that all donors, at various points, sought to portray their donations as “communal gifts” – ways of doing their bit for the wider community, akin to volunteering or blood donation. In order to maintain this position, they made a distinction between what they were doing - donating to help others - and what others might, but should not, be doing – donating “*for the money.*” This distinction was perceived as crucial because of the potential for future contact with offspring and the possibility that they might have to explain their motivations. However, as this chapter demonstrates, not doing it “*for the money,*” did not necessarily imply that no payment could be offered to, or accepted by, donors. Some donors took the nuanced view that some payment could be accepted by donors, without undermining the altruistic spirit in which it was undertaken. Others believed that the acceptance of any payment at all would taint the gift they had given. I show that these two views were gendered with several men either declining payments offered or re-donating them to charity. I argue that this gendered trend is, in part, a product of male donors’ reliance on a “pure gift” ideology (including absolute opposition to market exchange) in order to present their donation as an altruistic act. Egg donors relied less

exclusively on such a framework to present their donations as altruistic. As explained in the previous chapter, female donors were more able to draw on a discourse of gifts as personal, relational activities to present their donations as other-oriented. In the final sections of the chapter, I suggest that, on the whole, donors' experiences in the clinic supported their narrative of gamete donation as a communal gift. This was enhanced when donors felt they were in partnership with clinic staff, evidenced by their friendliness and gratitude, with some donors taking on an ambassadorial role in relation to gamete donor recruitment. However, donors' portrayals of donation as a civic act could be undermined by interactions, both within and without the clinic. This occurred when clinic staff failed to recognise their actions as altruistic – either treating them as any other patient or implying they were financially motivated. Outside the clinics, donors sometimes faced similar assumptions from those who knew about their donations. This was particularly the case for sperm donors due to a continued stereotype of (student) sperm donors donating for “beer money.”

Chapters Seven and Eight examine how donors talked about their relationship to offspring. In Chapter Seven, I examine the ways in which they made this connection meaningful, imagining how their relationship might be enacted if they were to meet in the future. All the donors I interviewed were open to contact with their offspring (if that was what they wanted in the future) and all but one were supportive of the abolition of anonymity, frequently citing donor offspring's “right to know where they came from.” Although my participants often found it difficult to predict or articulate how these relationships might play out, I am able to identify five key roles which they imagined they might play in relation to offspring: a bio-identity resource (someone who could help them to understand their own identity) a narrative support (someone who could help them to extend or embed their life story), a link to a larger web of potential relations, a latent instant emotional connection and (in cases of known donation) a relationship that was “just as it would have been” had they not been donor-conceived. I show that, in conceptualising their role, donors often drew on their own experiences of “doing family,” particularly drawing comparisons with their own experiences of parent-child relationships. They deconstructed their own kinship experiences and attempted to extract particular aspects of these relationships

which might appropriately be offered by one's genetic or donor parent. However, crucially, these kinship references were always qualified in some way. Donors were very clear that they were not the "real" parents – that was a role they reserved exclusively for recipients.

Chapter Eight builds upon the previous chapter's closing remarks, examining the creative ways in which donors went about qualifying their kinship references. I show that, rather than simply dismissing the significance of their connection to offspring, donors went about qualifying kinship in various active ways – diluting, reshaping and "re-routing" their tie to offspring. I show how they qualified the intimacy of their familial comparisons by concurrently presenting gamete donation as a public act, often compared with blood donation. They also diluted their connection to offspring by "re-routing" this link via others – the recipients or their own children. These two discursive strategies relied upon donors evoking their connection to the wider community and recipients, respectively. Donors' ability to construct a connection with their specific recipient therefore shaped the availability of "re-routing" as a qualifying strategy, with no male donors taking this narrative approach. I also demonstrate the ways in which donors used their kinship expertise, their experiential knowledge of family relations, to do this limiting work and, particularly, to distance themselves from a parental role. Drawing on decisions to complete their families or experience of family traditions, donors constructed boundaries between "their" family and "our" family. They used humour to parody and undermine any reading of their role in relationship to offspring as a parental one. Often drawing on discourses of "bonding," they created and referenced physical and temporal space between them and their offspring, thus foreclosing any possibility of a parent-child connection. Finally, they assigned kinning power to offspring and recipients in order to make it clear that they were not themselves making a kinship claim.

In the final chapter, I emphasise that the ways in which donors qualified their connection to offspring often drew on their imagined relationship to recipients and the wider community, portraying their donation as a personal gift and/or a public act.

In this way, I bring together my analysis in the preceding chapters, showing how donors' narratives about their relationships to recipients, the wider community and offspring are all mutually implicated. The ways in which they talked about their relationship to one of these groups both constrained and enabled particular ways of talking about their relationship to the others. The result is that different donor "types" (whether they were known/unknown, male/female, parents/non-parents) had varied access to particular discursive strategies for qualifying kinship. As well as analysing the transferability, limitations and policy-implications of my findings, this final chapter discusses the theoretical contribution this study seeks to make to work in the sociology of the family and the new kinship studies in anthropology. Specifically, this thesis offers an analysis of ways in which kinship possibilities are actively and deliberately qualified in practice. I show that this discursive work is highly creative and goes beyond gradual processes of forgetting ties or screening out potential connections as insignificant.



# Chapter Two:

## A Brief History of Gamete Donation in the UK

### **Procedures**

On the 25<sup>th</sup> June 1978, baby Louise was born to Lesley and John Brown in Oldham General Hospital. Her birth was the first to result from in-vitro fertilisation (IVF) of human embryos and preceded the rapid expansion of IVF technologies and the fertility industry. The technique, pioneered by scientist Robert (Bob) Edwards and clinician Patrick Steptoe, involves careful monitoring of oocyte development (via transvaginal ultrasound and/or blood tests) and the subsequent extraction of one of more mature oocytes from a woman's ovaries. Patients are usually sedated for this short surgical procedure whereby a needle is inserted through the wall of the vagina and into the ovarian follicles. Patients can normally return home the same day whilst embryologists incubate, fertilise and monitor the eggs retrieved in a laboratory, most commonly using the sperm of the patient's partner. One or more embryos, selected in accordance with the embryologists' assessments of quality, are then implanted into the patient's uterus, three to five days following fertilisation.

Since Louise's birth, IVF protocols have been developed which use various hormonal regimes to stimulate the production of multiple oocytes in a single cycle. Although some medical professionals and scientists have since called for a return to "natural" IVF (where no drugs are administered) (Matsuura et al. 2008; Pelinck et al. 2002), these "stimulated cycles" remain the norm and IVF patients are normally prescribed a series of drugs with the aim of yielding multiple oocytes during egg retrieval and therefore increasing the overall chances of pregnancy. Further technological innovations have been developed with the aim of improving pregnancy and live birth rates: Time-lapse monitoring may now be used by embryologists to monitor embryo development and select those most likely to develop in the womb



(Campbell et al. 2013; Herrero and Meseguer 2013). New cryopreservation techniques have also been developed with the result that surplus embryos, stored and later thawed, have a higher chance of implanting when used in subsequent treatment (Loutradi et al. 2008).

IVF is now a common medical treatment and a multi-million pound business. The latest statistics published by the Human Fertilisation and Embryology Authority (HFEA 2016) show that, in 2014, more than 52,000 women in the UK received over 67,000 cycles of IVF, across 82 licenced clinics. Close to 6 out of 10 of these cycles were privately funded (HFEA 2016), with a typical cycle costing £3000 (HFEA 2007). Despite its proliferation and the many refinements that have been made since the late 1970s, the probability remains low that any individual treatment cycle will result in a live birth. The most recent HFEA report (HFEA 2016) calculates that, in the UK in 2013, the percentage of IVF treatment cycles using the patient's fresh oocytes which resulted in a live birth was 26.5%. However, success rates are highly variable in accordance with the age of the patient. Older women are less likely to either conceive or carry a pregnancy to term. Women aged 18-34 have a 32.8% chance of giving birth to a live baby, this declines to 13.7% for those aged 40-42. The figures are lower still for older women, 4.9% and 2% respectively for those in the "43-44" and "45 and over" age categories.

With the development of IVF technology, egg donation, distinct from traditional surrogacy<sup>2</sup> becomes a technical-medical (though not automatically a legal, social or ethical) possibility. When donated oocytes are used, the tasks of IVF are shared between donor and recipient. Egg donors undertake the initial stages (hormonal regimes, monitoring and minor surgery) in order that eggs can be retrieved and fertilised. The resulting embryos are then implanted into the uterus of the intended recipient. The first live birth from donated eggs was in 1984 in Australia, six years

---

<sup>2</sup> Traditional surrogacy refers to the practice of a surrogate mother gestating a foetus, conceived using her own egg and the sperm of the intended father.

after the birth of Louise Brown, though it was not until the early 1990s that egg donation programmes began to appear in the UK (Katz 1993). In recent decades, it has become an established treatment option for women and couples experiencing infertility in the UK. The latest figures show that approximately 4% of fresh IVF cycles use donated eggs (HFEA 2014). IVF using donated oocytes has higher rates of success than treatment undertaken using the patient's own, with a particularly marked differences between success rates in women over 35. In 2013, the overall live birth rate for an IVF cycle with fresh donated eggs was 32%. However, success rates are much less variable according to age, when compared with "standard" IVF, with 34.8% and 29.3% respectively of women in the 43-44 and the 45+ categories giving birth to a live baby following treatment with donated eggs (HFEA 2016).

The use of donated sperm to treat infertility has a much longer history. The first reports of donor insemination (DI) date back to the late nineteenth century (Haimes and Daniels 1998), though not until 1945 were the first reports published in the medical literature (Barton, Walker, and Wiesner 1945). At this time, church leaders condemned the practice for its association with masturbation, adultery and illegitimacy and there were calls for the practice to be outlawed (Richards 2016). For decades, donor insemination was practiced under a cloak of secrecy and records were often destroyed or minimally kept (Frith 2001). It was only after the development of IVF and the passing of the Human Fertilisation and Embryology (HFE) Act (1990) that gamete donation (sperm and egg) was legitimised as a medical treatment for infertility.

In many ways, the practice has changed remarkably little, despite its incorporation into legitimate medical practice. Donors produce semen by masturbation and then, timing insemination with predicted ovulation, semen is introduced into the vagina, cervix or uterus. One key difference between early and contemporary practices of DI is that, since the 1970s, it has become standard practice to freeze sperm for use at a later date (Richards 2016). In the UK, licenced clinics must now freeze and quarantine sperm for a minimum of six months. After this time, the donor should be

re-tested for sexually transmitted diseases (STDs) before their semen can be used for fertility treatment (HFEA 2012a). UK clinics usually ask sperm donors to donate on a regular basis (weekly or fortnightly is the norm) for several months in order to build up a store of samples which can then be quarantined for the designated period (National Gamete Donation Trust 2016). Another development is that intrauterine insemination (IUI), rather than intracervical (ICI) or intravaginal (IVI), insemination is now the norm in licenced clinics. In this procedure, sperm is washed and concentrated before being inserted via a catheter directly into the uterus. Outside of clinics, or where it is preferred by patients (it is often cheaper than IUI), ICI or IVI may be performed. Where this is the case, it is not necessary to first purify the semen of bacteria.

DI remains an established treatment for couples experiencing male-factor infertility or where the male partner has a genetic disorder, and is also used to achieve pregnancy for same-sex couples and single women (HFEA 2014). In 2013, a total of 4,628 donor insemination cycles were performed in the UK (HFEA 2016). The most recent statistics show that donor insemination in clinics has a live birth rate of 11.2% per cycle, rising to 14.6% in “stimulated” cycles, where the female recipient takes drugs to boost egg production. Donated sperm may also be used in IVF cycles where female and male factor infertility have been diagnosed or where previous DI cycles have proved unsuccessful. In 2013, 5% of all IVF cycles used donated sperm (HFEA 2014), with a live birth rate of 23.% (HFEA 2016).

Overall, the number of patients treated with DI has declined since the 1990s (HFEA 2012b). This is likely due to the development of intracytoplasmic sperm injection (ICSI) as a treatment for some male factor fertility problems. This procedure is combined with IVF and involves the selection and injection of a single sperm directly into the egg thus circumventing the difficulties associated with low concentrations or poor motility of sperm. However, whilst women with a male partner remain the largest group of DI patients, the numbers of same-sex couples and single women treated using donor sperm has been steadily increasing in the last

decade (HFEA 2016). In 2013, 956 DI cycles in UK clinics were used to treat women who registered as single and 1,533 for women who registered with a female partner, approximately one fifth and one third respectively of all DI cycles (HFEA 2016).

## **Regulation**

As technical-medical practices, egg donation and donor insemination are no more complicated than IVF and artificial insemination (AI). However, in legal, ethical and social terms, gamete donation raises many issues beyond those associated with assisted reproductive technologies (ARTs) more widely. How should donors be recruited? Should they be paid? Who should be permitted access to treatment with donated gametes? How many offspring should be created with donated gametes? Should donor offspring be informed of the circumstances of their conception? Should donor offspring be able to contact their donor? These questions have been the subject of ethical discussions, parliamentary debates and legal regulation over the decades.

Following the recommendations of the Warnock Report (1984), the HFE Act (1990) legitimised gamete donation in the UK but it did so under particular conditions, which arguably maintained the appearance of a hetero-normative nuclear family (Sheldon 2005). Donor anonymity was a condition of treatment in licensed clinics, donors' details were not recorded on birth certificates and only minimal non-identifying information was made available to recipients or donor-conceived children. Although secrecy was not actively encouraged, neither was it discouraged (Donovan 2006) and was made possible through the definitions and recording of the mother as the gestational mother, and the father as the mother's husband or partner during treatment, whether or not these were also the genetic parents.

The legal-regulatory context to gamete donation has since changed in several ways. The particular change which precipitated this study was the removal of absolute anonymity for donors. With effect from the 1st April 2005, the HFE Act (1990) was

amended giving donor conceived children the right to access identifying information about their donor parent(s), once they reach the age of eighteen. The law is not retrospective and so previous donors have the right to remain anonymous. However, since April 2005, all donors at UK clinics must now, by law, consent to their identity being released in the future. Similar laws have been passed in a series of Western jurisdictions in recent decades, beginning with Sweden in 1985, Austria and Victoria, Australia in the 1990s and several others, including New Zealand, Norway and Canada, since the new millennium (Blyth and Frith 2009). This seems to be an important break with the secrecy of past practices.

This amendment to the HFE Act followed a review of the law brought about by the campaigning of donor-conceived persons and those advocating on their behalf, such as social workers and ethicists. They argued that donor-conceived offspring had a “right to know their biological identity” and that such knowledge could be necessary for their emotional wellbeing (Daniels 1995; Freeman 1996; McGee, Brakman, and Gurmankin 2001; see also Frith 2001 for a full discussion of these debates). Often they drew on discourses of human rights, specifically the United Nations Convention on the Rights of the Child (1989), particularly article seven: the right to know one’s parents (Frith 2001; Melhuus 2012). Their argument was also advanced through comparison with the experiences of adopted people (Turner 1993; Blyth et al. 2001; McWhinnie 1996; see Melhuus and Howell 2009 for detailed discussion of Norwegian context). Advocates for openness suggested that donor-conceived persons did, or might, experience feelings of “genealogical bewilderment,” a term coined by Sants (1964), referring to psychological damage experienced by adopted persons, resulting from not knowing one’s genetic history.

With the introduction of identity-release legislation, these arguments seem to have been successful. However, the change should not be overstated. An identity-*release* system is not the same as an open-identity one. Donor conceived children can only access identifying information in adulthood and will only be able to do so if they are aware of their donor conception. Although openness is now encouraged by the

HFEA (HFEA 2012a) and the British Infertility Counselling Association (Crawshaw et al. 2012), research suggests that many gamete recipients do not disclose donor conception to their children. Although there does seem to be an increase in recipients choosing, or at least considering disclosure (Crawshaw 2008), research suggests most UK gamete recipients have not done so by the time their children are aged seven, with a significant minority intending not to in the future (Readings et al. 2011). These findings are confirmed in a recent systematic review of studies carried out internationally (Tallandini et al. 2016). In addition, donors have no rights to identifying information about their offspring and only since 2009 have they been able to access minimal information about the sex and birth year of any offspring (HFEA 2012c). Anonymity has not been dispelled, it has instead become temporary and conditional, subject to the decisions of recipients and donor-conceived offspring.

That said, current donors donate with the prospect of future contact with a donor-conceived child and perhaps the recipient(s) of their donation. Even for those donating to someone they already know, it is socially significant that they donate in a context where the rights of donor-conceived children to know their donor parent(s) are enshrined in law. These two circumstances make identity-release donation a markedly different undertaking from anonymous donation.

Although my particular interest in gamete donors was precipitated by the introduction of identity-release legislation, there have been other regulatory changes since the HFE Act (1990) was written into law. Perhaps the most significant is the removal of the infamous “need for a father” clause. The HFE Act (1990) arguably encouraged, or certainly provided legal recourse for, discrimination against same-sex couples and single women seeking fertility treatment. The act stated that “a woman shall not be provided with treatment services unless account has been taken of the welfare of the child who may be born as a result of the treatment (including the need of that child for a father)” (1990, section 13). The HFE Act (2008) removed the bracketed clause and stated that female partners to women undergoing treatment should be treated as their male counterparts; married female or civil partners are now automatically designated as a second legal parent, alongside the gestational mother.

In the absence of a civil partnership or marriage, parental status can be obtained by consent of both parties (as with unmarried male partners).

Payment regimes for gamete donors are varied across the world and in the UK have been subject to change over time. When it was first set up, the HFEA permitted payments of £15 per donation plus expenses to both egg and sperm donors (HFEA 1992). In 2004, the EU Tissues and Cells Directive ruled that donation should be voluntary and human tissues or cells should not be bought and sold. In line with this directive, the Human Fertilisation and Embryology Authority ruled in 2005 that gamete donors could only claim for expenses incurred, up to a maximum of £250 for a full course of sperm or egg donation (HFEA 2005). However, the EU directive has been subject to wide interpretation in other jurisdictions (see Pennings, Klitzman, and Zeggors-Hochschild) and since 1st April 2012 was reinterpreted in the UK; fixed compensation payments (as opposed to claimed expenses) can now be paid to egg donors (£750) and sperm donors (£35 per visit to the clinic<sup>3</sup>) (HFEA 2012a). In addition, benefit-in-kind payments in the form of egg-sharing schemes have been permitted since the HFEA's formation (Blyth 2002). Such schemes allow women seeking private IVF treatment to be offered reduced cost treatment (typically half price) in exchange for donating a proportion of their eggs for another's treatment. Although some may perceive fixed payments and egg sharing as constituting financial incentives to donors, the HFEA is clear that payment to donors is prohibited and "advertising or publicity...should not refer to the possibility of financial gain or similar advantage, although it may refer to compensation" (HFEA 2012a).

## **Donor numbers**

Proposals for regulatory change over the years have sparked much speculation about the potential impact on donor numbers. Clinicians and other stakeholders have variously argued that potential donors, particularly male donors, would be dissuaded

---

<sup>3</sup> Note that payments to sperm donors are generally paid as a lump sum of approximately £400 at the end of a programme of donation, once they have been re-tested for STDs.

by limiting payments (Cook and Golombok 1995; Ahuja et al. 1998; Lui et al. 1995) or undermining their anonymity (Lui et al. 1995). However, the latest figures show that, overall, the numbers of donors registered in UK clinics has actually increased since identity-release legislation was introduced. In 2004, 89 sperm and 1,107 egg donors were newly registered in UK clinics. In 2013, this had risen to 387 sperm and 1,636 egg donors (HFEA 2014).<sup>4</sup> Interestingly, the 2013 figures, supported by the results of a survey of UK clinics (HFEA 2014), show that, since fixed payments were introduced for gamete donors, the number of sperm donors has slightly declined, whilst the number of non-patient egg donors has increased. These statistics demonstrate that payment regimes and identity-release legislation do not necessarily have the predicted impact on numbers. The relationship between regulation and donor recruitment is far from straightforward and seemingly complicated by gender. We therefore need to better understand how donors and potential donors make sense of the regulatory contexts in which they donate. What do identity-release legislation and payment mean to them? This is a key aim of this study.

---

<sup>4</sup> Note that I have included only sperm donors who registered at UK clinics, excluding those donors whose donations were imported into the UK (imported donor sperm accounted for nearly a third of the total number of donors registered in the UK in 2013) (HFEA 2016). The comparable data was not available for egg donors and so the statistics quoted reflect the total number of egg donors registered, including any imports. However, it should be noted that imports make up a much smaller proportion of UK egg donor registrations (recent statistics estimate 5% (HFEA 2012b), probably in part due to the preference for fresh over frozen donor eggs.





# Chapter Three:

## Literature Review

In this chapter, I examine existing research and theory which has informed my study. My aims are threefold: First, to demonstrate how existing scholarship has informed my research questions. Second, to show how my thesis fills empirical gaps in the literature and extends theoretical thinking, and third, to introduce and explain concepts and theories which are pertinent to my own analysis, and to which I refer when discussing my own findings. The first half of this chapter situates research on gamete donation within the wider literature on bodily donation, particularly focussing on studies of organ and blood donation.<sup>5</sup> I analyse how such practices are understood and how their meaning is shaped by the material and cultural worlds in which they take place. In the second half, I examine sociological, anthropological and socio-legal studies of the family and kinship. Here my focus is on the procreative consequences of gamete donation. With particular attention to research on technologically assisted reproduction, as well as other “non-traditional” family forms, I analyse the social significance of “biological” or “genetic” relatedness.

I begin by explaining a fundamental premise of my research questions: that bodily donation has no fixed, intrinsic meaning. Instead, the way in which people make sense of such practices is shaped by the social-cultural contexts in which they take place. These include legal regulations, public and medical discourses about bodily donation and the practices of organisations who procure and transfer bodily substances, as well as the material and symbolic properties of bodily substances. Research shows that bodily donation is frequently (though not exclusively) framed as a gift. However, the social significance of giving or receiving such gifts is highly varied between persons and contexts. I show that bodily donation is variously

---

<sup>5</sup> I focus on organ and blood donation partly because these were comparisons often drawn by my participants and partly because studies of organ and blood donation predominate in the wider literature on bodily donation.

constructed as a “pure” gift (once given it is entirely alienated from the donor), a “relational gift” (something which connects donor and recipient) and a “communal gift” (an act of good citizenship). I suggest that we think of these as different gift discourses – ways of constructing particular actions as altruistic, which each have cultural saliency. Depending on the act described or the identities of donors and recipients, particular discourses may be seen as more or less available. Regulatory systems, organisational practices and the material and symbolic properties of the substance donated seem to encourage or discourage particular ways of understanding the “gift” of bodily donation. The concept of different gift discourses and their relative availability to different actors in different contexts has informed my analysis. In Chapters Five and Six I show how these different discourses both constrain and enable donors in making sense of their donation.

Of course, a key factor shaping how gamete donation is perceived by donors and others are the particular material and symbolic properties of gametes as procreative substance. In the second half of this chapter, I review the literature on kinship, sociology of the family and socio-legal studies of the family, with the aim of understanding the relationship “biology” or “genetics” has with Euro-American understandings and experiences of family. The first thing which becomes clear is the remarkable flexibility people employ in constructing kinship claims; “biological” ties can be attributed high importance or screened out of kinship significance through an emphasis on the “social” ties created through care and love. Furthermore, what is categorised as “biological” is highly contingent. The gametes that donors donate therefore have no automatic or inevitable kinship significance. However, that is not to say their procreative materiality can be easily dismissed by those implicated in donor conception, nor that this is necessarily desired. As I demonstrate, gamete donors donate in the context of contradictory messages to both connect with and distance themselves from their offspring and the recipient family. On the one hand, “natural” ties continue to be idealised as automatic and enduring. Knowledge about, or contact with, genetic relatives may be seen as beneficial, sometimes crucial, to people’s emotional wellbeing. On the other hand, “biological” parents have often been perceived as a threat to social parents who lack a “biological” connection with

their child, particularly in light of the ideal of a two-parent, exclusive family. In demonstrating how donors negotiate these pressures, I contribute to an emerging field of research which shows how “biological” connections are neither screened out nor straightforwardly activated as a basis for kinship. Drawing on a small number of previous studies, I show how some donors construct this connection as meaningful though not necessarily familial. I highlight how the meaning of this connection is negotiated with others and subject to change over time. Within this small field of research, no previous studies have yet examined how men and women, donating in the context of identity-release legislation, make sense of their role.

### **Constructing bodily donation as a (particular kind of) gift**

The social significance of bodily donation is shaped by the social and regulatory contexts in which it takes place. This point was first made by Richard Titmuss (1973) in his seminal work, *The Gift Relationship*. He argues that organisational practices, specifically the availability of payments, shape the kind of act blood donation is seen to be. He advocates a voluntary system on the basis that such a system encourages a view of blood donation as a gift. I discuss his work in more detail later in this chapter, including exactly what kind of gift is implied by the system he advocates. For now, I use his work to make one simple point: it is not inevitable that blood donation, or any other form of bodily donation, should be described and perceived as any particular kind of act, a gift or otherwise. Instead, as Titmuss highlights, such practices are constructed as particular kinds of acts in the context of organisational practices. Whilst Titmuss focusses on the availability of payment, Healy (2006) develops this line of thinking by also highlighting the role procurement organisations play in providing narratives to make sense of donation – specifically the development of the “gift of life” narrative in relation to organ donation in the late 1970s.

It is perhaps a sign of Titmuss’ influence that donations of bodily substances are frequently described as gifts and donors as altruistically motivated. As Daniels (1998) has highlighted, the very term “donation” is morally loaded, implying

altruistic intention. The “donation” suffix and accompanying gift rhetoric is ubiquitous in recruitment literature for organ, blood and gamete donors, the “gift of life” being a commonly used trope (Healy 2004; 2006; Lock 2002; Orobitch and Salazar 2005). However, in this review and in the study more widely, I do more than identify *when* the language of gifting is used and also explore *how* and *why* such terms are used and what they imply about the donor’s role, particularly in relation to recipients. What does it mean to say that bodily donations are gifts or that they have been (or should be) given altruistically?

There are several examples in the literature on bodily donation where the language of gifting is used by facilitators of bodily donation in order to emphasise the voluntary, uncoerced nature of participation and the absence of any return for donations. As the New Zealand health care practitioners interviewed by Shaw explain, the concept of “a gift” is a helpful term to describe organ donation because it suggests other-oriented motivations and distances the practice from any personal gain or commercialisation (2008; 2015). Tutton (2002; 2004) also notes that a conception of gifts as one-way, given without obligation or expectation of reciprocation is commonly used by ethics committees, medical councils and research institutes with an interest in procuring donations. Such articulations of “the gift” are expedient means of procuring the necessary bodily tissues in a way which, since it is voluntary, is deemed ethical, whilst simultaneously requiring no return to donors. As Waldby and Mitchell (2006) argue, informed voluntary consent procedures serve to alienate donated bodily tissues from the donor, without the perceived ethical risks of exploitation or costs of reciprocation.

The language of gift-giving is also adopted by donors to describe feeling disconnected from the bodily substance donated or, we might argue, in order to *create* such disconnections. Waldby et al.’s (2004) interview study of Australian blood donors and recipients found many donors viewed the blood they donated as entirely alienated. As the following citation from one blood donor demonstrates, the language of “gifts” and “giving” can be used as a discursive means of producing or

reinforcing a sense of disconnection from that which is donated: “Because it’s not yours any more, you give it away, it’s like giving your car away. You give it away, it’s gone” (p.1467). Donors in the same study referenced the anonymity of the blood donation system to distance themselves from their donation and the recipient(s).

In the literature on gamete donation, there is some evidence that donors and recipients think about donation as a similarly alienated gift, or that they believe that such disconnection is preferable. In her ethnographic study of egg donation in a London clinic, Konrad argues that, for many recipients, “anonymity was seen to preserve the form of the true gift” because, since they were unknown, their donation could be thought of as “completely ‘voluntary’” (2005, 138). Several recipients in this study had refused offers of eggs from sisters or sisters-in-law, believing that gifts from someone so close could be problematic, perhaps because the recipient would feel forever indebted or the donor would not be able to let go. Some of the donors also viewed anonymity as consistent with the proper way of giving gifts – they had renounced all rights in their eggs when they were gifted and, as such, they shouldn’t expect any further information about the recipients (Konrad 2005). Donors in her study often described their donations as freely given and a few used the idiom of the gift to emphasise their subsequent disconnection from their eggs and any resulting child – a gift once given can neither be given or taken back (2005, 100).

Such findings seem to reflect a wider Western ideology of the “pure” (J. Parry 1986) or “free” (Laidlaw 2000) gift. Parry (1986) describes how an idealisation of pure altruism develops in parallel with market economies in which individuals are presumed to behave in an entirely self-interested manner. *Selfless* giving and *selfish* economic exchange are two sides of the same coin, both premised on the existence of bounded individuals whose interests can be neatly separated from those of others. Parry, and others (Laidlaw 2000; Parry and Bloch 1989), have highlighted the Western origins of this pure gift ideology and criticised the imposition of a gift-giving/commercial exchange dichotomy on societies where such strong oppositions are not made. Furthermore, as a series of authors have highlighted (Derrida 1992;

Scheper-Hughes 2007; J. Parry 1986), we should remember that pure altruism is inevitably an ideal rather than a lived reality. As Derrida (1992) argued, a gift, in the “purest” sense, is an impossibility because acknowledgement from others, or even from oneself, would constitute reciprocation. Ultimately, the impossibility of the pure gift derives from our connectedness to others – our own interests and desires are bound up with those of others in our social worlds. As impossible as it may be to realise, the idealistic power of the pure gift is evident in the narratives of donors. As the examples cited previously and my own findings suggest, donors both mobilise, and are subject to, this particular discourse on the “correct” way to give.

However, the pure gift has often proved a poor model for the ways in which people experience giving and receiving gifts in practice, and this seems particularly to be the case for donors and recipients of bodily substance. Even those studies from which I have thus far only cited examples of pure gift rhetoric, also contain apparently contradictory notions of gift-giving. Bodily donors and recipients frequently do *not* think of their gift as a pure and disconnected act of altruism, as the medical-ethical model arguably encourages (Tutton 2002; 2004; Shaw 2008; 2015), but instead the gift is often conceptualised as relational, creative of social ties between donor and recipient. This is particularly evident in studies of organ transplantation. Fox and Swazey’s (1992) analysis of organ transplantation in the USA, found that organ recipients often felt obligated to reciprocate for the gift of an organ. This could lead to, what the authors term, “the tyranny of the gift” whereby recipients feel distressed at their inability to repay the debt they feel to the donor and their families. Studies in the USA have shown that organ recipients often feel a sense of connection to their donor and/or the donor’s family and, despite the anonymous system of transplantation, often desired more information about them, fantasising about them in order to fill gaps in their knowledge (Fox and Swazey 1992; Sharp 1995). Sharp (1995) reports that recipients sometimes articulate the responsibility they feel towards their donor’s families using kinship terms. Similarly, in-depth interview studies with the families of UK deceased organ donors found they often also desired more information about recipients (Haddow 2005) and recognition that their relative’s contribution had been valued (Sque and Payne, 1996).

Many survey studies with both egg and sperm donors have found that they cite, either entirely or partially, altruistic motivations for donating (Daniels et al. 2005; Daniels, Lewis, and Curson 1997; Ahuja, Mostyn, and Simons 1997; Cook and Golombok 1995; Kalfoglou and Gittelsohn 2000) (see also Daniels 2007 literature review). However, few studies have investigated *how* exactly they mobilise the concept of “gift-giving”. Shaw’s qualitative research in New Zealand (2007; 2008) and Konrad’s (2005) ethnographic study of a London fertility clinic are two significant exceptions. Both these studies found varied and nuanced views and experiences of egg donation as a gift. Shaw reports several conversations with egg donors in which they described feelings of connectedness to recipients. In the examples she cites, donors were often dissatisfied with the impersonal nature of the donation system (they wanted to put a face to their recipient) and were disappointed at the lack of acknowledgement or reciprocity for their gift (Shaw 2008). Konrad’s (2005) study found that even those donors most strongly advocating distance from recipients wanted to know if a pregnancy had been achieved. Surveys of anonymous egg donors also found many wished to know the outcome of their donation (see Daniels 2007a). This knowledge (ideally of a positive test result) is, Konrad argues, a form of return gift and restricting access to this information left some donors with a feeling of dissatisfaction or, for one woman, the feeling that “there’s something missing.”

Perhaps the clearest examples of bodily donation at odds with the pure gift model are cases where donors and recipients are known to one another, particularly as family members. Gill and Lowes (2008) conducted a longitudinal interview study with donor and recipient pairs (all family relations) involved in kidney transplantation in England. Their findings show that for these patients, the gift is embedded within their pre-existing relationships. All donors described the decision to donate as easy and automatic. They often described the desire to help the recipient as a normal and natural product of their relationship to the recipient (Gill and Lowes 2008, 1611; see also Sanner 2003). Their own interests could not be neatly separated from the



recipient's since the latter's wellbeing was crucial to their own happiness. Donors described feeling pride in seeing the impact their donation had had on the recipient's life and the authors conceptualise this as a form of symbolic reward, in addition to the gratitude they receive from recipients.

Similar experiences are reported in the limited literature on known gamete donation, as well as this study. An in-depth interview study of three sister-to-sister egg donations in Canada found that donors were motivated by their relationship with, and empathy for, their sister (Winter and Daniluk 2004). This, perhaps unsurprising, finding that known donors are motivated by their relationship to the recipient, is confirmed in a recent literature review of egg donors' motivations (Purewal and van den Akker 2009). Despite some concerns regarding medical risks and the fear of failure, Winter and Daniluk's (2004) participants described the donation experience in positive terms, as one which had strengthened their relationship with the sister and also made them feel closer to their brother-in-law.

It has been suggested that there is a darker side to known donation. Drawing on her experience as Director of Organs Watch, Scheper-Hughes (2007) analyses examples where obligations to give or to reciprocate are perceived or experienced as oppressive. She describes one case where a male recipient assumes that his sister will, and should, repeatedly donate blood marrow, despite their emotionally distant relationship and the risks and disruption entailed to her own life. She also reports cases where donors exert control over their recipients following transplantation, believing that they should behave in ways which show they are deserving of the organ donated or demonstrate sufficient care for the "donor's" organ (2007, 509). These examples are explained in relation to the same "tyranny of the gift" which I previously described in relation to deceased organ donation – the gift which has been given is too great and too unique to ever be repaid and so the recipient feels forever indebted to the donor. Whilst the cases Scheper-Hughes describes are alarming, it should be noted that they appear to have been deliberately selected to illustrate ethical difficulties with living organ transplantation. More systematically selected

samples of living donors and recipients report neutral or positive changes in the relationship between donors and recipients (Gill and Lowes 2008; Sanner 2003).

Whether experienced positively or negatively, recipients and donors seem to draw on an alternative (impure) discourse about gift giving when they express feelings of connectedness, the obligation to give, the need to reciprocate or a desire to meet the other. Despite its origins in a study of “traditional,” non-market economies, Mauss’ (1990 [1954]) theory of the social significance of gift-giving has commonly been applied in order to make sense of such experiences (for example: Fox and Swazey 1992; Gill and Lowes 2008; Shaw 2007; 2008). Mauss argued that in many so-called “archaic” societies, social solidarity is produced and reproduced through reciprocal gift exchange practices which create ties between individuals and groups. Members of these communities are obligated to give, to receive and to reciprocate. Crucially, return gifts are not considered as exact returns and so further obligations to give, receive and reciprocate are created. Unlike the pure gift, which is conceived as entirely alienated, given up to the recipient, the Maussian gift retains a symbolic connection to the donor, which he calls the “spirit of the gift.” Seen through Mauss’ theoretical lens, gift-giving is a relational and personal act which is simultaneously other-oriented *and* self-interested. The studies cited previously suggest that donors and recipients of bodily substance often reference this idea, that gifts create social bonds, in order to make sense of their experiences.

Various authors have borrowed aspects of Mauss’ theory to make sense of their findings that organ donors, their families and recipients sometimes feel connections with, expect reciprocation or experience obligations toward one another (Gill and Lowes 2008; Sharp 1995; Fox and Swazey 2002). Perhaps the most widely-known application of Mauss’ theory is Titmuss’ *The Gift Relationship*, a comparative study of blood procurement systems in the UK and the USA. Titmuss (1973) compares the outcomes of a market system of blood procurement in the USA with a voluntary donation system in the UK, advocating the latter on the basis that such systems are safer for patients and promote social solidarity in large urban communities. Making a

significant modification to Mauss' theory, Titmuss argued that under conditions of anonymity, the gift of donated blood promotes social solidarity because recipients and potential recipients (who could theoretically be anyone) feel obligated to reciprocate, not to individual donors (whose identity was unknown) but to the community as a whole. The obligations and social ties which are fundamental to Mauss' theorisation of the gift are then generalised to the whole community rather than characterising relationships between particular donors and recipients.

Titmuss' theorisation of the gift resonates with some of the finding from studies of organ and blood donors. Sharp's (1995) study, for example, found that organ recipients often felt obligated to "give back" to the community at large, as well as, or instead of, their particular donor. As a result, several of her interviewees described taking up voluntary work as a way to achieve this. Valentine's (2005) interviews with Australian blood donors and those excluded from donating also confirm Titmuss' predictions. With reference to her participants' experiences, Valentine argues that blood donation is viewed as a duty of good citizens, a way of demonstrating one's identity as a member of a given community. In line with Titmuss' view of the blood donor as an altruistic stranger, her participants reported that donors could be "anybody or anywhere" (Valentine 2005, 119). These respondents, like many of my own, seem to draw on a discourse of "Titmussian" gift relationships (which I call a "communal gift" discourse) to make sense of giving or receiving bodily donations. Gifts given and received in this sense are perceived to reinforce people's sense of belonging within the community as a whole, rather than connecting them to specific individuals.

Thus far, I have described theories of the idealised pure gift, gifts as relational and personal activities and gifts as public or civic acts, and illustrated how they are realised in the practice of bodily donation. Each of these models of gifts has been criticised for its failure to account for the practices and experiences of those implicated in practices of donation and transfer. Waldby and Mitchell (2006), for example, demonstrate that Titmuss' argument (that a gift system in blood donation

creates a sense of imagined community among strangers) is a product of its time, based on a post-war welfare-state vision of a national community. They argue that his model does not reflect the reality of tissue economies in globalised, neo-liberal societies where the boundaries between nation states and public/private domains are increasingly fluid (2006, 13–24). Their work highlights the contextualised and mutable status of donated tissue by tracing the social trajectories of tissues given as gifts, later to be exchanged as commodities (Waldby and Mitchell 2006). Others have critiqued the pure gift model embedded in medical discourses around organ donation for the way in which it obscures feelings of obligations and indebtedness (Sothorn and Dickinson 2011; Shaw 2015) and glosses over the emotional and physical challenges faced by (often still very ill) recipients in incorporating the donor's organ within their bodies (Shildrick et al. 2009).

These constitute legitimate criticisms of each model of gifting *if* these theories are construed as universal models of what gifts are, or how they are experienced and perceived. However, it is not my intention to suggest that any one of these models is the “correct” one. None represents what is *always* meant by “the gift” nor how gift-giving is *always* practiced, not even if we restrict our thinking to just one form of bodily donation. Instead, I suggest they are best thought of as gift discourses and it is in this way that they are valuable to me in making sense of my own interview data. Each represents a way of talking about gift giving that has cultural saliency. So, it makes social sense to say that we feel obligated to give something back (to the community at large or to a specific person) if we receive a gift, just as it also makes sense to state that a gift, once given, is entirely the recipients and we shouldn't expect anything in return. These are meaningful ways of talking about gifts and, importantly, by talking about our motivations in these terms, we construct exchanges and transfers *as* gifts. These gift discourses form an important part of the cultural context in which my participants donated gametes. I therefore return to the concepts of pure, relational and communal gifts when analysing my findings, particularly when I discuss how donors made sense of their role in relation to recipients (Chapter Five) and the wider community (Chapter Six).

As my own findings confirm, these gift discourses both restrain and enable particular ways of talking about bodily donation. Furthermore, they are neither equally available to all, nor equally applicable in every context. In this way, they have very material consequences, influencing who gives, to whom and how. As Healy (2004) argues, different kinds of acts may be constructed as altruistic in different ways and different people may be expected to enact each kind. He notes the gendered associations of one-off acts of heroism, in contrast with the obligated altruism of mothering. Routinised giving can render altruism invisible and, as Mongoven (2003) argues, these acts are most often expected from women, particularly when acting in relation to family members. Mongoven's observation would explain the greater numbers of women (especially as mothers or wives) acting as living donors (Scheper-Hughes 2007; Zimmerman et al. 2000). As my analysis demonstrates, in the case of identity-release gamete donation, the donor's identity (particularly gender) and their relationship to the recipient influence the ways in which donors can talk about their donations as particular kinds of gifts.

### **The relationship between gifts and payment**

As I have demonstrated, bodily donation is often described as a gift and much less commonly as an economic exchange. In fact, procurement systems which are premised on monetary incentives often raise ethical concerns (Murray 1987; Cohen 1999; Roberts and Throsby 2008; Sauer 1997; Joralemon and Cox 2003). I explore why bodily donation for financial incentives so often raises such objections later in this chapter. Here, I examine the relationship between money and gifts. I show that despite our tendency to view the social realms of money and gifts as mutually exclusive, in fact, the meaning of money is dynamic and, in some cases, paid gifts are a socially viable possibility.

Although the EU Tissues and Cells Directive 2004 states that human tissues and cells, should not be bought and sold, this ruling has been subject to wide

interpretation in relation to gametes. Fixed “compensation” payments and sometimes “performance related” variable payments are paid to gamete donors in Denmark, Spain and other countries, including the UK (Pennings, Klitzman, and Zeggerts-Hochschild). In addition, in the USA, gametes are bought and sold in unregulated markets, with college students often targeted as potential donors (Holland 2001; Almeling 2007). Many survey studies in the UK and elsewhere have found that, where they are available, both egg and sperm donors cite financial incentives (including payment in kind for egg share donors) as part of their motivation for donating (Schover, Rothmann, and Collins 1992; Lui et al. 1995; Partrick et al. 2001; Kalfoglou and Gittelsohn 2000), and some surveys of paid sperm donors have found that they would not donate if they were unpaid or paid less (Lui et al. 1995; Lui and Weaver 1996). However, as Almeling’s (2006; 2007; 2011; see also Ragoné 1994; Orobitch and Salazar 2005) research demonstrates, the presence of monetary payments does not *necessarily* imply that donation will be understood as an economic exchange nor preclude the construction of gamete donation as a gift. Her comparative ethnographic study of egg and sperm banks in the USA found that, despite the greater sums paid to egg donors, female donors were expected to portray their donation as a gift, whereas male donors were encouraged to view the process as a job. Donors generally conformed to these gendered scripts (Almeling 2011) and potential donors whose stated motivations did not match these expectations were viewed with suspicion and sometimes excluded from donating.

Parry and Bloch’s (1989) work, and others that have subsequently developed their analysis (for example Zelizer 1994; Guyer 1995), provide a helpful means of understanding this variation in the meaning of payments to sperm and egg donors in different contexts. These authors argue that money has no *fixed* meaning or effect on social relations but Western cultural discourses fetishise money, depicting it as corrosive of social ties, inevitably rationalising and de-personalising interactions in which it is implicated. Parry and Bloch (1989) link this fetishisation with our ideological opposition of the gift (conceived as “free” or “pure”) and commodity exchange. Money, as a condensed symbol of selfish market exchange, is incompatible with the spirit of altruism, or so we protest.

However, Parry and Bloch also demonstrate that social practices can symbolically transform money, its meaning renegotiated in ways which enable its incorporation into spheres of social action oriented towards the long-term reproduction of the social order, rather than short-term personal gain. Zelizer (1994) applies their argument in a Western context, examining how money is transformed in the USA. Using a wide-range of documents from the period 1870-1939, she demonstrates how earmarking funds, creating special currencies and talking about money in particular ways transforms supposedly fungible money such that it becomes all manner of things, from gifts to alimony, which produce and maintain distinct kinds of social relations, including those which we think of as highly personal such as close friendships and kin. Zelizer's insights help to explain the way in which payments to sperm donors can be framed as earnings whereas payments to egg donors are perceived to be consistent with altruistic motivations (Almeling 2006). I use Zelizer's concept of earmarking to show how the donors I interviewed were also subject to these gendered assumptions about the meaning of payments made to sperm and egg donors, with the former being perceived as earnings. However, as Chapter Six demonstrates, rather than adopting this narrative and seeing sperm donation as a job, the men I interviewed strongly rejected such a view, sometimes rejecting payments offered to them and arguing that people should not donate gametes for financial motivations.

### **The role of regulatory frameworks, procurement practices and the material-symbolic properties of bodies in shaping the meaning of donation**

Thus far, I have demonstrated that bodily donation is very often (though not always) framed as a gift. However, there is huge variety and apparent contradiction in the ways in which such gift-giving is described and experienced. Money has no *straightforward* connection with a conception of bodily donation as a gift; payments may be incorporated within gift narratives or referenced to present donation as a job or financially motivated exchange. For some donors and recipients, bodily tissues,

once gifted, no longer bear any connection with themselves and they may view such alienation as beneficial. For many others, bodily gifts create social ties between persons and set in train relationships of obligation and reciprocation. What is more, the significance of bodily gifts is often nuanced and complex; sometimes participants describe gifts in ambivalent or contradictory ways, alienation may be partial and the desire for distance or connection may be limited or contingent.

How then should we make sense of such complexity? The discussion so far has already shown or implied several explanatory factors. Different kinds of gifts or exchanges may be expected or experienced depending on the gender of the donor, any pre-existing relationship between the donor and the recipient and the type of substance being donated. In the following three sections, I analyse three explanatory factors which seem to shape how bodily donation has been understood in previous studies, and which are also pertinent to my own findings: first, the regulatory frameworks in which donation is embedded, second, the procedures through which substances are procured and transferred and, third, the material and symbolic properties of that which is donated.

Bodily donation takes place within a multiplicity of legal and regulatory frameworks. Healy argues that organ and blood donors “use the model implied by the system” to make decisions and articulate their actions (2006, 10). So voluntary systems attract people who are prepared to donate without payment and encourage people to articulate their motivations in terms of gift-giving; paid systems are more likely to attract those who articulate their motivations as financial. There is evidence that this is also the case for gamete donors. Where payment is available, survey studies have shown that donors may cite financial incentives as, at least part of, their motivation for donating (Schover, Rothmann, and Collins 1992; Lui et al. 1995; Partrick et al. 2001; Kalfoglou and Gittelsohn 2000), including those acting, or considering acting, as egg-share donors (Ahuja et al. 1998; Rapport 2003). When payment is unavailable, donors describe their motivations as altruistic (Purewal and van den



Akker 2009; Byrd, Sidebotham, and Lieberman 2002; Craft et al. 2005; Jordan, Belar, and Williams 2004; Daniels, Curson, and Lewis 1996).

We might similarly imagine that when gamete donation systems are anonymous they attract donors who feel disconnected from recipients and donor offspring and/or that anonymous systems encourage them to experience and articulate their relationship in these ways. There is some evidence that this is the case. A UK survey of 39 egg and 34 sperm donors, donating prior to identity-release legislation, found that neither group desired contact with recipients or donor-offspring (Fielding et al. 1998). This survey included a small number of egg donors (n=7) who already knew their recipients – they too, preferred to keep their identity a secret from their offspring. Khamsi et al. (1997) report similar survey findings with 10 known egg donors in Canada, 80% of whom had decided (with recipients) not to disclose their status to any offspring conceived. A small number of survey studies have been conducted with gamete donors, donating under identity-release conditions in Sweden (Lampic, Skoog Svanberg, and Sydsjö 2014; Daniels, Kramer, and Perez-y-Perez 2012). These surveys, of 205 and 164 donors respectively, both find that the vast majority of identity-release donors are open to contact with their offspring and support disclosure of their donor-conceived status. These studies support Healy's assertion that regulatory systems attract and construct the model of donor and donation implied by the system – payment attracts donors who articulate their motivations as (at least partly) financial; identity-release systems attract and create donors who feel, at least neutral if not positively, about meeting their offspring.

However, regulatory frameworks are not reliable predictors of the ways donors or recipients view and experience bodily donation. As previously described, the presence of payments to gamete donors does not necessarily preclude donors from describing their donations as gifts (Almeling 2006; 2007). And, as the many examples, given in this chapter show, anonymous systems of bodily donation do not necessarily create donors and recipients who feel disconnected from one another. As well as the qualitative insights offered by Konrad's and Shaw's work, several

surveys of anonymous egg and sperm donors have found nuanced and varied views on contact with donor offspring and recipients. Recent literature reviews of research with sperm (Daniels 2007b) and egg donors (Daniels 2007a; Purewal and van den Akker 2009) demonstrate that, whilst some anonymous donors stated that they would not donate under more open conditions, some would be open to contact with offspring. These findings show that legislation does not *determine* the ways in which donation is understood and also suggests that the social norms regarding anonymity and disclosure were shifting prior to the introduction of identity-release legislation, with openness becoming more acceptable to greater numbers of donors.

In addition to legal regulation, the meaning of bodily donation is shaped by the practices of procurement organisations (such as hospitals and tissue banks). Healy (2006) argues that we need to analyse the role these social organisations play in making bodily donation a logistically, as well as socially, viable act. He writes that organ, as well as blood and plasma, procurement organisations play an important role in making donation, of a particular kind, logistically and practically possible. The activities of organisations which facilitate the transfer of bodily substance play an important role in shaping the way those transfers are understood. Applying this assertion to blood donation, Waldby et al.'s donor participants often drew on the processes of banking, fractioning and distilling of blood by blood banks to account for the way in which their blood could become depersonalised (2004: 1469). The authors argue that this characteristic of blood donation may, in part, explain why blood donors are more likely than organ donors (and their families) to detach from their donations, more likely to view them as entirely alienated once extracted. In addition, blood donors are geographically and temporally separated from recipients whereas organ donors and recipients may be aware that patients in the same hospital could (at least theoretically) be the other party in the transplantation (Sharp, 1995).

These findings have implications for this study. Sperm donations are procured via masturbation which, whilst being medically risk free, entails social risks of disgust or ridicule (Kirkman 2004b; Mohr 2016). In contrast, egg donation is a medically

invasive procedure entailing small but not insignificant risks of ovarian hyperstimulation and, in rare cases, infection or haemorrhage, as well as some reports of increased risk of cancer (Bandera et al. 1995; Ahuja et al. 1996). These medical risks and the possibility of women experiencing pain or discomfort have been invoked by those who view unpaid egg donation as exploitative (Ahuja, Simons, and Edwards 1999; Cooper and Waldby 2014). In addition, the HFEA Code of Practice (2012a) dictates that donated sperm should be frozen and quarantined for a minimum of six months. After this time, the donor should be re-tested for sexually transmitted diseases after which time the vials can be released for use in fertility treatment with up to ten families. In contrast, eggs tend to be used immediately after retrieval. Egg donors are matched with one (sometimes two) recipients who undergo treatment concurrently with the donor. These are important factors which I consider when explaining my own findings on gamete donors views and experiences. However, I wish to emphasise that the *way* in which these processes are invoked by donors to make sense of donation is varied. The processes of procurement and transfer do not determine how the donation is understood, but provide discursive resources which donors use selectively and creatively to narrate gamete donation as a particular kind of gift.

The specific material and symbolic properties of the substance donated is also a significant factor shaping how “gifts” of bodily tissues and cells are understood and this in part, explains the wide variation in views and experiences of donors and recipients. Donations of bodily substance are often accorded a special significance due to their close association with the donor as a person. Whilst some people, drawing on a Western dualistic (arguably medicalised) discourse of embodiment (see Shilling 2003; Scheper-Hughes and Lock 1987), make a symbolic disconnection between donated substances and the person from whom it originated, others are less willing or able to separate the two. However, although no definitive categorisation is possible, some substances seem to be more easily alienable than others.

Medical professionals involved in organ donation appear to adopt a dualistic discourse of embodiment when they objectify the organs of deceased donors. Interviewed by Sharp, transplant specialists described organs as “mere muscles, pumps, filters or bits of flesh” (Sharp 1995, 377). By objectifying bodily tissues, medical professionals draw a discursive line between the self and the body. Since the person the donor was is no longer here, they have no further need of these “parts.” Selfhood is seen to reside elsewhere, perhaps in the mind or soul of that person, now passed away.

Some donors and recipients *do* seem to disassociate themselves from the bodily substance donated. Lock found that just under half of the organ recipients she interviewed had a very “matter of fact” attitude to organ donation (2002, 310). Haddow’s interview study of organ donors’ families in Scotland found some expressed quite clear separations between bodies and persons, one participant referring to organs as “parts” from a “broken car” (2005, 102). Waldby et al. report that approximately half of the Australian blood donors they interviewed considered that “blood, once donated, no longer referred to the donor in any meaningful way” (Waldby et al. 2004, 1467). The belief that blood bore any personal or moral traits of the donor or that these could be transmitted in any way was held only by a small group (ibid). In these examples, donors and recipients mobilise a discourse, arguably borrowed from Western medicine, to discursively separate themselves (or other selves) from their bodies or substance donated. An approach which was also adopted at certain points in my participants’ narratives.

However, many studies have also found that donated bodily substances are not so alienable from the self. Instead, bodily substances are often portrayed as a special kind of gift, one which is viewed as particularly intimate or personal. The families of organ donors may celebrate the possibility that a part of their loved one “lives on” in another (Sharp 1995). Similarly, organ recipients sometimes imagine that traits of their donor have been passed on through their organ, or as Sharp puts it, experience a “transformation of the self” (1995). Valentine’s blood donor participants, for

example, described blood donation as “giving away something of yourself” (2005, 118). For this reason, they considered blood donation to be a more precious, more intimate gift than donations of money or labour. Similarly, Høeyer’s (2002) interview participants, who had volunteered to provide blood samples and survey information for a Swedish biobank, reported that the giving of blood felt like giving something of the self. Although several stated that they understood the equal importance of the questionnaire in research terms, they considered the blood a more profound contribution.

Because it is more directly and closely associated with the self, the gift of blood has a different ethical status from the gift of time and information, implicit in the decision to respond to the questionnaire (Høyer 2002). In order to secure ethical approval and gain the trust of would-be participants, the private company who wished to conduct research using this genetic material/information made it clear that they did not “own” the blood. Instead a local (public) university and the county council were appointed custodians. Høyer’s (2002) interviews with company staff and contributors to the biobank found both emphasised that bodily substances (blood or DNA) should not be bought and sold – such a possibility was morally repellent. Company staff were clear that they sold *information*, not *blood* or *genes*. My own participants reiterated this idea that bodily substances should not be bought and sold as commodities.

The material and symbolic properties of bodily substances influence the extent to which they are seen as separate or separable from the person from whom they originated. Blood, for example, appears more easily alienable from selves than organs. Studies with blood donors and recipients less frequently report feelings of “intercorporeality” (Weiss 1999; Waldby et al. 2004). I have already mentioned the influence of the way in which blood is processed, stored and redistributed but this finding is likely also a product of the material and symbolic properties of each substance. Blood is both replenishable and liquid and therefore may represent less of a threat to bodily integrity, more easily transferred and incorporated into other selves (Waldby et al., 2004: 1469). In contrast, organs, particularly the eyes but also the

heart and lungs, seem to carry greater associations with identity than other solid organs, such as the liver and kidneys. Donor families sometimes refuse, or consider refusing, donations of hearts (Fulton, Fulton, and Simmons 1977) or eyes (Haddow 2005; Sque and Payne 1996) and recipients more often describe profound transformations of identity in relation to heart and lung transplants (Sharp 1995). Such symbolism is hugely connected to the material properties of these organs. A person's eyes are a visible aspect of their appearance, part of the way they are recognisable. Hearts and lungs can be heard working (Sharp, 1995: 372) and we experience their functioning more directly than other organs. We can feel if we are struggling to breathe or if our heart is beating too fast, whereas we are generally unaware of the functioning of our livers or kidneys, except when they fail to work as expected. It is therefore unsurprising that recipients would more readily associate these kinds of transplants with a "transformation of self" (Sharp 1995).

If we acknowledge that the material and symbolic properties of bodily substances impact on the ways in which their transfer is understood, what significance does this have for gamete donation? Egg and sperm have distinctive material properties but the ways in which these are understood cannot be separated from the gendered social contexts in which we construct knowledge about them. Martin's analysis of medical textbooks and journals demonstrates how supposedly factual accounts of gametes import gender stereotypes. She shows how sperm and egg are imbued with masculine and feminine properties, the former depicted as an active "hero" on a mission to find the passive egg, described in one memorable example as "a dormant bride, awaiting her mate's magic kiss" (1991, 490). Martin also notes the frequently negative depictions of women's reproductive processes, particularly menstruation, as "wasteful" in contrast to awe-inspired narratives of men's ability to produce millions of sperm in each ejaculation. Wheatley's research in a Danish sperm bank demonstrates how donors import these gendered stereotypes into their narratives of sperm donation, referring to their sperm as "good soldiers" facing the battlefield of cryopreservation (2016, 126)

Martin's and Wheatley's studies demonstrate that we cannot think about the material properties of gametes as distinct from their social-symbolic meanings. That said, I do not wish to deny that egg and sperm have physical properties and that these are likely to shape the ways in which donors make sense of donation. Sperm is replenishable whereas the number of eggs produced by a woman, though very large, is finite and established by birth. In my analysis, I consider how and why donors reference these material properties in order to negotiate their role as donors. The point is that whether and how such properties are *made* to matter will be shaped by the gendered social worlds in which donation takes place.

Clearly of huge significance to this project is the fact that, under particular circumstances, egg and sperm have the potential to create (genetically related) new life. In the next half of the chapter I look at the social significance of gametes as a procreative substance.

### **The social significance of “biological” or “genetic” connections**

I now turn my attention to the cultural significance of sperm and eggs as procreative substances and transmitters of genetic information. Drawing on anthropological, sociological and socio-legal literature, I explore the relationship “biology” and “genetics” have with our understandings and experiences of family.

Since the 1990s, sociology of the family and anthropology of kinship have taken, what has been referred to, as a “relational” turn. The new kinship/family studies begin from people's everyday experiences. For this group of researchers, “family” is something we *do* rather than something we automatically *are*, according to some pre-ordained structure. Families are continually constituted and re-constituted through (often every day, even mundane) “family practices” (Morgan 1996), which include both discursive work and non-verbal action. In this project, I assume the same model of family or kinship; I explore how the donors *themselves* define and enact family. I do not assume that “biology” or “genetics” *automatically* create a particular social

relationship between donors and any donor offspring. That said, I am not suggesting that people are somehow “free” to create and discontinue personal relationships just as they choose (as Giddens 1992 and; Beck and Beck-Gernsheim 2015 seem to imply). Following critics of the individualisation thesis<sup>6</sup> (for example Jamieson 1999; Smart and Shipman 2004), I recognise that the construction of kinship is a relational, interactive process, which is negotiated with others, in the context of legal, cultural and material pressures. The procreative properties of the gametes and associated discourses of the “biological” and “genetic” therefore have to be negotiated by donors and, as the following review demonstrates, such properties are intricately linked with Euro-American beliefs about kinship, although not in any straightforward way.

My analysis has been informed by Edwards and Strathern’s (2000) theorisation of English kinship. In “Including our own,” the authors argue that, for the English, kinship claims may be mobilised with references to discourses of the “biological” or the “social” or, to put it another way, through “being born” or “being bred” (Edwards 2000). Depending on the context, people may reference either or both discourse in constructing kinship connections. One may be used to reinforce the other or they may be played off against one another. So biological ties may be strengthened by social links or diluted or negated by their absence. In some ways, this theory is similar to a model of American kinship proposed several decades earlier by David Schneider (1968). He argues that kinship, as a symbolic system, is characterised by the distinction between “code” and “substance” (1968: 25). Relatives can be defined via the domain of nature or substance, law or code-for-conduct or both. However, as I will go on to demonstrate, the new kinship studies have gone beyond Schneider’s model in important ways.

---

<sup>6</sup> I use the term “individualisation thesis” here, in a similar way to Jamieson (1999) and Smart and Shipman (2004), to refer to a body of (almost entirely theoretical) work in Sociology (see Bauman 2003; Beck and Beck-Gernsheim 2015; Giddens 1992) which argues that personal relationships in late modernity are increasingly fluid and fragile, subject to the choices and desires of individuals.



Edwards and Strathern's (2000) theorisation of kinship rings true when we examine research on the users of assisted reproductive technologies (ARTs) in the UK and other Western contexts. So, for example, qualitative research with (largely anonymous) gamete donors has found that they tend to play down their genetic connection with offspring and emphasise the importance of intention and care in defining the "real" parents (Konrad 2005; Kirkman 2008; Kirkman 2004a; Kirkman 2004b; Riggs and Scholz 2011; Orobitch and Salazar 2005; Mohr 2015; Wheatley 2016). Donors compared their contribution, "a few cells" (Kirkman 2003, 7), with the nurturance involved in gestating and caring for a baby in order to make it clear that these were not *their* children. Another common finding was that, for donors, kinship was not dependent on biology. As an Australian sperm donor interviewed by Riggs and Scholz explains, "my biological relationship to any child that could be born was largely irrelevant" (2011, 54). These studies would all suggest that, in relationship to kinship, particularly parenthood, whether "biology" matters (or not) is highly context dependent.

However, to really make sense of how kinship is constructed in these contexts, we need to account for the discursive nature of this "biology" - which may or may not matter. This is where the new kinship studies move beyond Schneider's model of kinship (1968). Schneider argued that, people's statements about "substance" or "blood," refer to a Western folk understandings of the biological facts of human reproduction (Collier and Yanagisako 1987; Carsten 2004): "Blood" ties are "whatever the biogenetic relationship is...whatever science discovers" (Schneider 1968, 23). More recent studies have shown that the relationship between categorisations of "biological" or "blood" and our understandings of the scientific "facts" of reproduction is far from straightforward. In practice, as demonstrated in a recent collection of ethnographic work, the processes and substances categorised as "biological" or "blood" are broad and indeterminate (Edwards and Salazar 2009, 12).

Thompson's (2001; 2005) ethnographic study of a US fertility clinic documents a process of "strategic naturalising" whereby particular aspects of biology are selected

as relevant or not in defining kin. She focusses on more complex uses of reproductive technologies, involving various combinations of surrogacy, IVF, sperm and egg donation. She found that those involved (whether as future social parents, donors or surrogates), included or excluded different processes and substances from the category of “biological” and therefore as relevant to the creation of kin, dependent on their particular circumstances. For example, those using gestational surrogates would emphasise their biological genetic connection to the child, whilst those using gamete donors would emphasise their biological, and therefore emotional, connection to the foetus via pregnancy (Thompson 2001, 180). Her participants concurrently de-emphasised genetic or gestational connections which did not reinforce the position of the intended parents as the “real” parents, particularly where this might imply kinship relationships that were potentially difficult to negotiate or had incestuous connotations (Thompson, 2001).

On several occasions, participants also “naturalised” what would ordinarily be perceived as social factors, creating a “biological” connection with the child who would be conceived. For example, Thompson describes how choosing a donor with a similar upbringings, ethnicity, religion or appearance to the intended parent could be used by recipients to construct “biological” connections with a potential child (2001, 180). These examples from Thompson's ethnography could be perceived as unique case – an unusual reaction to an unusual situation. For those of us not in that situation, it perhaps seems clear that these things are not biological at all. That is precisely why these findings are so intriguing. However, Thompson's work actually highlights a more pervasive ambiguity about what is categorised as “natural” or ‘biological.’

Pregnancy is perhaps the best example of a reproductive process portrayed as both biological and social. In Bestard's (2009) research, a Spanish woman who used ova donation to conceive spoke about the importance of pregnancy as a means of passing on substance to her child and so identifying herself in her child: “Therefore the child resembles her and she thinks in terms of continuity” (Bestard 2009, 25). The

biological significance of pregnancy is here emphasised and the boundaries between gestation and genetic endowment are blurred

In contrast, Ragoné's (1994) ethnographic study of surrogacy in the USA shows how surrogates de-emphasise the biological significance of pregnancy. Pregnancy is not seen to confer a "natural" bond with the child. Instead the social context to their pregnancy is emphasised, particularly the desire of the commissioning parents to have a child, their future nurturance and the concept of gift-giving (Ragoné, 1994: 76). The surrogates she interviewed typically stated that they were "only carrying the baby" (1994, 76), depicting themselves as vessels for the biological substances of others. Teman's (2003) research on surrogacy in Israel similarly shows how surrogates draw on the medical manipulation of their bodies to construct these pregnancies as "artificial," in comparison with previous (or imagined) "natural" gestation of their *own* children. Referencing the injections of hormones, designed to "supress [their own] biological system," prior to the implantation of an embryo, surrogates presented their own bodies, including the hormones they subsequently produced during pregnancy, as temporarily "artificial." Such artificial bodies were not seen to give rise to the "natural" maternal feelings they usually associated with pregnancy.

Arguably, the use of new reproductive technologies increases the opportunity for selective "biologisation" in the construction of kinship since the reproductive process is now increasingly fragmented. That fragmentation may occur through the experience of IVF in which conception is portrayed as an "obstacle course" in which ova production, extraction, fertilisation and implantation are seen as achievements in themselves (Franklin 1997, 107). Fragmentation may also occur through the division of reproductive tasks between multiple persons, for example donors, surrogates, medical staff as well as the intended social parents (Konrad 2005). Different parts of the reproductive process can therefore be emphasised or de-emphasised for different purposes. Many authors have also argued that the rapid development of reproductive technologies creates increased ambiguity about what is now considered "natural"

(Franklin, Lury, and Stacey 2000; Franklin 2001; Haraway 1991). Franklin, for example, describes how IVF technology is “naturalised” as just a “helping hand” to nature and comparisons drawn between the uncertainty of unassisted and assisted reproduction (1997, 94).

The examples I have cited so far would seem to suggest that supposedly biological ties can be explained away – dismissed as unimportant in relation to social ties or constructed as artificial and therefore irrelevant from a kinship perspective. Certainly, the donors I interviewed activated selected processes which they defined as “natural” or “biological” (such as gestation) and screened out others (their genetic contribution) when it came to assigning parenthood. However, for the donors I interviewed, as well as “non-biological” parents, the everyday reality is often not so unconstrained. In our constructions of kinship, “nature” seems to have a privileged position. Biological ties are presumed to be automatic and enduring. Even where the quality of the relationship may be poor, they can never be entirely terminated. As Schneider (1968) argues, you may have an ex-wife but not an ex-daughter.<sup>7</sup>

This privileging of “biological” ties and the limits of strategic naturalising are evident in discourses surrounding adoption. A recent literature review of the social scientific literature on adoption found it was still often framed as a “last alternative” for those experiencing infertility to become parents (Fisher 2003; see also Logan 2013). As Judith Modell (1994) argues, adoption rests on a paradox. Whilst the “legal fiction” of adoptive kinship would seem to challenge a biogenetic basis for kinship, since the adopting parents are configured “as if” they were the biological parents, the biological framework is upheld. This finding that the biological remains the “frame of reference” is reiterated in Signe Howell’s (2006) ethnography of transnational adoption by Norwegians. For the adoptive parents she interviewed, a

---

<sup>7</sup> Examples of children divorcing their parents are perhaps the exception that proves the rule, notable for their rarity and seen to go against the “natural” order of things.

lack of biological relatedness remained something to be overcome in the process of “kinning” their adopted children.

There are parallels here with research with users of reproductive technologies, including recipients of donated gametes, for whom bio-genetic parenthood often remains the frame of reference. Studies have found that, for couples who are involuntarily childless, their primary aim is to have a child who is bio-genetically related to both intended parents. IVF, ICSI and AI are therefore generally preferred and attempted first, before donor-assisted conception or adoption (Becker 2000; Melhuus 2012; Logan 2013). When donated gametes are used, recipients emphasise that genetics are irrelevant to their own family relationships but they often also frame the lack of genetic connection with their child as something “missing” (Hargreaves 2006; Grace and Daniels 2007; Nordqvist and Smart 2014). Nordqvist’s (2016) research found that non-genetic parents sometimes tried to “make up” for this lacking in other ways (i.e. by being a particularly involved father). Nordqvist and Smart’s (2014) UK study found that genetic parents sometimes described feeling guilty for the (secret) pleasure they took in their genetic connectedness to their children, which their partners could not participate in. A similar commitment to equality is also evident in Melhuus’ ethnographic research with Norwegian couples who identified as involuntarily childless. Many of her participants opted for transnational adoption over DI as means of becoming parents. However this decision did not imply an outright rejection of the biological as a basis to kinship but instead reflected a belief that the child should belong equally to both parents (in line with a model of 50:50 genetic contribution), with biological or genetic ties being a key way in which such belonging could be constructed. (Melhuus 2012, 43).

Research with users of DI have found that, by virtue of their “biological” connection to offspring, the donor is often perceived as a threat to the status of the non-genetic parent (Becker 2000; Hargreaves 2006). Becker’s (2000) North American heterosexual participants sometimes feared a future scenario in which a donor would make a parental claim on their child. The lesbian and heterosexual recipients in

Nordqvist and Smart's (2014) study were generally less explicit and the authors use one participant's description of "ghostly" to describe the presence the donor had in their lives - something which could be experienced as unsettling or odd. Nordqvist (2010) argues that "matching" practices, whereby a donor is selected for their physical resemblance to the non-genetic parent, is one way of managing this threat, not necessarily by attempting to "pass" as a genetic family but by making the donor "less visible" in everyday life. These findings are highly relevant to my own study since my donor participants were acutely aware of the symbolic threat they might present to their recipients.

"Biological" connections seem to have particular cultural purchase because they are associated with that which is given, rather than that which is made. As Carsten (2004) highlights, the division between nature and culture, has heightened significance in the West. Here, discourses of the "biological" or the "natural" have particular rhetorical value. Strathern argues that "cross-referencing" is used habitually in Euro-America, drawing on taken for granted "facts" to justify particular social arrangements (1992b, 18). "Naturalising" is perhaps the most powerful means of cross-referencing; since nature is presumed to pre-exist society, it is unquestionable and unchangeable. Nature is equated with a given reality, culture with the uncertain and the changeable (Strathern 1992a). This cultural opposition of social action and permanence is perhaps most clearly evidenced in Modell's (1994) analysis of adoption narratives shared with adoptees. She found that the narrative, commonly used at the time by social workers and adoptive parents, that the adopted person was special because they had been "chosen," was problematic for adoptees. For adopted persons, being "chosen" implied that they could be "unchosen" and thus undermined the sense of permanence which they linked to "real" kinship.

The association of "biological" relationships with endurance over time can also be seen in the narratives of adopted children who describe the need to meet or find out about their birth parents in order to connect themselves to the past. For example, many of the American adoptees interviewed by Modell (1994) reported a "gap" in

their life story (and therefore sense of self) because they did not know where they had come from. Similarly, adoptees interviewed by March (1995) in Canada talked about the importance of being able to place themselves in genealogical continuity. The importance of “knowing where [they] came from” was repeatedly emphasised in Carsten’s interviews with UK adopted persons who had been reunited with their birth parents, a phrase that was also used frequently by my own interviewees. As Carsten (2000b; 2004, 146–53) explains, the desire to “know” their birth parents was valued, even if the relationship turned out to be poor, because they provided a sense of continuity between past, present and future. Knowing their birth parents provided a means for adopted persons to anchor themselves in time, overcoming the “rupture” to “kinship time” represented by adoption practices. Occasions where the birth mother or father had already died before they were contacted caused profound trauma partly because they reinforced this “dislocation” (Carsten 2000b).

However, whilst permanence, or “fixity”, to borrow Mason’s (2008) term, is perceived to be an important facet of what distinguishes kinship relationships from other kinds of relationships, the “biological” is not the only discursive basis on which it can be constructed. As Mason argues, a sense of “fixity” may be established in other ways. She gives the example of parents’ friends – our relationships with these “aunties” and “uncles” may feel fixed because they are chosen *for* us, by our parents. Building on Mason’s work, Davies (2011) has suggested that shared surnames are referenced by children as a means of establishing these “fixed affinities” between themselves and others, representing a formal, quasi-legal, link between persons. Davies’ work reflects a finding from research with adoptive parents and children; for these groups, the legal status of their relationship was crucial to establishing this feeling of permanence (Logan 2013; Jones and Hackett 2011; 2012). Logan (2013) finds that this legal status was particularly important for adopters in more open adoptions. Once they were legally established as the parent(s), they felt more confident facilitating and managing contact with the birth family because their status was no longer temporary or uncertain.

Research with gay and lesbian people also shows that a sense of fixity can be achieved via other “non-biological” means and challenges the discursive dichotomy between chosen/given and impermanence/permanence. Weston's (1991) ethnographic work detailing the “chosen families” of San Francisco's gay and lesbian communities suggests these families, formed through friendships and mutual aid, were seen to be *more* enduring than their families of origin. Weston's informants contrasted the sense of endurance felt in relation to their chosen family, with the fragility of their families of origin, in which many of their relationships had faltered or collapsed due to homophobic prejudices.

Weston's ethnography demonstrates that the association between “biological” kinship and permanence better reflects ideology than experience. In many cases, as with Weston's participants, reality fails to live up to our expectations and it is when this expectation is *not* met that its ideological force can be seen most clearly. This gap between ideology and experience is evident in Carsten's study of adult adoptees who had experienced reunions with their biological mothers. These relationships, often between two very different adults, were frequently characterised by formality and had a “doomed quality about them.” In part due to the “excess of demands on one side or both (2000b, 149). Here, genetic closeness and the expectation of kinship is uncomfortably at odds with emotional distance. Finkler (2000) reports a similar “gap” when American patients seek out genetic kin for the purposes of obtaining a genetic family history. She describes the experience of one participant who felt guilty for approaching her aunt for a blood sample as a means of obtaining a genetic family history since the request highlighted the fact that they had lost touch (Finkler 2000, 69). Finkler suggests that these medical kinship links can be profoundly alienating since they emphasis the “gap between their experience and their genetic identity” (2000, 209).

The examples from Carsten and Finkler's studies suggest that our cultural conflation of “nature” with permanence can make genetic ties difficult to screen out. Our expectations that biological ties should be automatic and enduring can weigh heavily



when they do not reflect the way we “do”, or wish to, “do family.” This is also evident in previous research with gamete donors. Speirs (2008) conducted in-depth interviews with fourteen men who donated sperm anonymously in the 1960s, 70s and 80s. She found that, despite being encouraged to “screen out” the procreative consequences of their donation, many continued to feel a connection with their imagined offspring. This was often experienced as a curiosity and some did have an interest in meeting their offspring (Speirs 2008; 2012). However, many also articulated fears about being contacted by their offspring, some imagining that they would automatically feel compelled to care for them (financially or emotionally) - reactions that could be problematic for themselves, their own families and the parents of their donor offspring. Similar fears are reported in Wheatley’s (2016) recent study of sperm donors in Denmark. Here, sperm donors can choose to be anonymous or identity-release. Those who chose to donate anonymously, and some others who did not, described fears of offspring “imposing” themselves, either financially or emotionally. Whilst such impositions were usually described as illegitimate by donors (they emphasised that, without a pre-existing relationship with the mother, they could not be the “real” father), their partners often perceived that they, as donors, did owe something to their offspring – that they had an “emotional debt” to their genetic children.

It would, however, be too simplistic to say that gamete donors always perceive their connection to offspring as something to be feared or discouraged. Sometimes connections with offspring are actively constructed or celebrated. In a study of anonymous egg donors in Spain, Orobítz and Salazar (2005) report that, whilst attempting to frame their donations in a medical or scientific discourse as “just genes,” this process was never entirely complete. The babies that they imagined would result from their donated eggs were never entirely not “theirs” (2005, 47). For example, the authors describe one case where donating eggs was a way to (in some sense) have another child despite not being able to afford to raise another. In a similar vein, despite making clear that genetics did not constitute family, some Australian sperm donors interviewed by Riggs and Scholz (2011), perceived donation as a way of leaving a genetic legacy. Several studies have also suggested

that gamete donors feel, or imagine they would feel, a responsibility towards any child conceived. For example, many of Konrad's (2005) egg donor participants imagined strikingly similar scenarios, in the donor-conceived child was orphaned and they then felt obliged and willing to care for that child. Studies have shown that both sperm and egg donors (Riggs and Scholz 2011; Kirkman 2004b; Mohr 2015; Konrad 2005) perceive benefits for offspring in being able to find out about or contact them. In some cases, donors therefore suggested that "responsible" donors should be open to such possibilities, however, often such contact was seen as emotionally problematic. In other cases, donors suggested that separation was necessary in order to retain the belief that their donor offspring were not *their* children (Konrad 2005; Speirs 2008). These studies suggest that, even where it is encouraged (arguably enforced) by systems of anonymity, screening out the social significance of genetic substance is not always entirely possible in practice, and is not necessarily desired by donors.

I should highlight that none of these qualitative studies were conducted with those donating in the context of identity-release legislation. All have been conducted in jurisdictions which, at the time, upheld the rights of donors to anonymity, although two included known donors in their samples (Riggs and Scholz 2011; Kirkman 2004a; Kirkman 2004b; Kirkman 2003). Mohr's (2015) and Wheatley's (2016) research in Denmark are the only studies to include those donating as "identity-release" donors. However, Danish regulations allow donors to choose whether or not to remain anonymous. This is a significant difference with the ethic of openness in the UK context. As the first half of this chapter demonstrated, legal regulations and clinic practices are an important factor shaping the meaning of bodily donation. We therefore cannot assume that the experiences of those donating in contexts which uphold anonymity will reflect those of men and women donating in contexts where the rights of donor-conceived offspring to identify their donor are enshrined in law. It would be expected (and my own findings confirm) that identity-release donors are unlikely to report significant fears about contact from offspring, because they should be fully aware of that possibility prior to donation.

### **The continued ideal of the two-parent family**

So far I have demonstrated that “biology” is a flexible category, creatively used (or not) in Euro-American constructions of kinship. I have shown that “nature” is culturally associated with permanence which gives it a high discursive value in constructing our family but, although the ideological connection between genetics and kinship may be hard to entirely screen out, fixity and family can be achieved in other ways. At first reading, this all sounds very radical. As some have argued, the nature/culture dichotomy is being destabilised and the concept of the “biological” as a straightforward basis to kinship is being challenged (Strathern 1992b; 1992a; Franklin 2003). However, as Franklin (1990) has previously highlighted, despite their transgressive potential, reproductive technologies are most often used in ways which presume a biologically-related, two-parent “nuclear family” as the most appropriate way to raise children.

Sheldon argues that the first HFE Act (1990) can be read as a “strong moral statement of the importance of the nuclear family and the imperative that each child should have one (and only one) father and mother” (2005, 527). Citing evidence in the law itself and the parliamentary debates which preceded the implementation of the act, she demonstrates how donor-assisted conception was legitimised, but only under conditions which maintained the appearance of a hetero-normative “nuclear” family. Parliamentary debates emphasised marriage as the ideal context in which to raise children and heterosexual, “stable” relationships as a satisfactory second-best. The 1990 Act was clear that a child may have only one legal mother (always the gestational mother) and one legal father (her husband or partner) and instructed medical practitioners to consider any potential child’s “need for a father.” Sheldon (2005) suggests this “need” be interpreted as symbolic, a means of reproducing the image of the heterosexual, nuclear family, rather than practical or material for a second provider, since a same-sex partner would be able to provide for the latter. The first HFE Act also provided anonymity for gamete donors which Sheldon suggests enabled the legal and social production of donor-conceived families who appear “as

if” they were achieved without the help of a donor. Haimes’ (1993) analysis of the Warnock report (1984), which preceded and informed the HFE Act 1990 and her interviews with committee members found that donor anonymity was justified as a means of avoiding emotional and legal complications for both donors and recipients, but was deemed particularly important with regard to sperm donors who were described as a potential “invasion of [a] third party into the family” (p.86).

In 2008, the Human Fertilisation and Embryology Act 1990 was updated. In many ways the 2008 changes appear progressive and *seem* to challenge the dominance of the nuclear family ideal. However, these changes are far from revolutionary (Gamble and Ghevaert 2009) and the legal frameworks which govern their use remain quite conservative in many ways. As McCandless and Sheldon (2010) have argued, the model of “the sexual family” (Fineman 1995) remains relatively unquestioned as the ideal institution in which to raise children. These legal amendments allow, for the first time, the female partner of the women undertaking treatment to be named as a co-parent on the birth certificate. For those in civil partnerships this is automatic, as it is for husbands. For unmarried partners (male or female) both partners must give written consent in order for them to be named as the second parent. In theory, the mother can also name a friend or acquaintance as a parent (with their consent); they do not, in theory, need to be in a sexual relationship.

Whilst on the face of it these changes seem to challenge the nuclear family model and heteronormativity, McCandless and Sheldon (2010) demonstrate that two important assumptions went relatively unquestioned throughout the parliamentary process of amendment. These assumptions reinforce the model of a sexual family consisting of a couple in a romantic relationship and their children. The first of these assumptions is that there should be a maximum of two “real” parents. Whilst the benefits of having two parents rather than one were debated in parliament, the possibility of a legal third parent was not discussed (McCandless and Sheldon 2010, 191). McCandless and Sheldon write that, “the two parent model retains a grip on the law which appears to have outlived any inevitable relationship between legal

parenthood and either biological fact or marital convention” (2010, 191) (A similar argument is made by Wallbank (2002) in her analysis of UK surrogacy laws). McCandless and Sheldon argue that the hold of the two parent ideal is linked to the idea of “parental dimorphism” – the mother and father roles are seen as fundamentally different but complementary (2010, 193).

The second assumption underlying the legal changes is that these two parents ought to be, at least potentially if not actually, in a sexual relationship. Married or civil partners of the woman undergoing treatment have “first shot” at obtaining legal parenthood (ibid: 197). The status provisions for men and women to become recognised as parents through prior consent were clearly designed to cater for unmarried couples (ibid: 198) but, as I have said, are not actually restricted to those in sexual relationship (obviously it would be quite difficult to actually enforce any such restriction). However, it is limited to those who might potentially be in a sexual relationship; those for whom such a relationship would be prohibited under incest legislation (i.e. siblings or a parent and child) may not be named as co-parents. Those involved in the law making process were unable to explain why this provision had been included beyond “the idea of something not quite being right about a mother and daughter raising a child together” (ibid: 198). In fact, as McCandless and Sheldon (2010) highlight, such arrangements may be common in practice – perhaps if a girl were to have a child at a young age, her own parents might also take on a parental role. The provision of this clause therefore shows the extent to which the sexual family model is ingrained.

### **An emerging role for third parents**

As I demonstrate in my analysis, the entrenchment of this two-parent model shapes how donors negotiate their role in relation to offspring and recipients. However, there is some evidence that the legal and cultural purchase of the two parent model might be waning. Sheldon (2005) writes that judges in complex cases of family law have been increasingly willing to “fragment fatherhood” in the new millennium, by assigning parental status outside of the nuclear family in which a child is intended to

be raised. Sheldon argues that judges have recently conceptualised genetic fathers (or knowledge about them) as important identity-resources, and increasingly articulate the belief that a genetic father figure need not threaten the status of the social father, and may even “serve to cement and protect relationships within one's social family” (2005, 551). Although the law is clear that gamete donors have no parental rights and responsibilities, we might interpret the introduction of identity-release legislation in 2005 as part of this wider trend toward seeing genetic parents as resources who might support both offspring and their social families.

These recent judgements and legislative changes are arguably part of a wider idealisation of openness and a tendency towards viewing secrets, particularly “family secrets” as undesirable and corrosive of personal relationships. Smart (2007; 2009; 2010) argues that there is now a legal presumption that it is best for a child to know his or her genetic origins. In the case of adoption and assisted reproduction, it is increasingly frowned upon to mislead children about their genetic origins because such knowledge is seen to be necessary to the child's ontological security (Carsten 2000b; Smart 2009; Melhuus and Howell 2009; Melhuus 2012; Klotz 2013). We might view recent calls for donor-assisted conceptions to be recorded on birth certificates (see Blyth et al. 2009) as part of this push towards genetic truth-telling. Smart (2009) links this moral attachment to truth-telling in personal relationships to an ideal of the “pure relationship” in which intimacy is created through mutual revelations of ones “true” self (Giddens 1992). Whilst Smart herself is critical of the growing tendency for courts to impose such simplistic “genetic truths” on complex social relationships, I do not enter into such debates here. Instead I use her work to illustrate the idealisation of openness as part of the cultural context in which donors make sense of their role.

Accounts of donor-conceived individuals on the importance of knowing their biological identity have both led to, and been shaped by, this ethic of openness. Since the new millennium, several studies with donor-conceived children and adults have been published (Turner and Coyle 2000; Hewitt 2002; Scheib, Riordan, and Rubin

2005; Jadvā et al. 2010). This research shows that knowledge about, or contact with donor parents, is often articulated as beneficial in order to make sense of their own identity. However, the information deemed identity-relevant is not limited to knowledge about genetic inheritance, in the strictest sense, but also includes access to narrative information about donors' lives and the ability to construct lateral ties with donor-related half siblings. It should be noted that often participants in these studies have been recruited via online platforms for donor-conceived individuals to discuss their experiences and/or find donor-related connections. It is therefore likely that the findings are biased towards those for whom being donor-conceived is significant and who are interested in meeting their donor parents. For my own purposes, this is not a significant limitation since I am interested in these accounts as part the causes and effects of the new ethics of openness and therefore part of the social context in which my participants donated.

The first published research on the experiences of being donor-conceived used semi-structured questionnaires to investigate the experiences of sixteen adult offspring, conceived via DI (Turner and Coyle 2000). The authors report frequently negative experiences of being donor conceived, often including feelings of betrayal by their parents, which were associated with late or shock disclosure of their donor-conceived status (see also Klotz 2016). Many respondents described a need to find out more about the donor in order to understand their own identity, one respondent wrote, "I needed to know who I was and how I came to be" (Turner and Coyle 2000, 2046). Some imagined that they would have much in common with their donor and might feel close to them if they met. The authors suggest that, in the absence of any information about them, donor offspring fantasise about their donor.

More positive experiences and family relationships are generally reported by donor offspring who know about the circumstances of their conception from an earlier age (Hewitt 2002; Scheib, Riordan, and Rubin 2005). However, these studies continue to emphasise the importance of information about, and/or contact with donors, as an important source of identity-related information. Hewitt's (2002) questionnaire study

of DI offspring, aged 11-59, found that 42, of a total of 47, respondents sought information about their donors (with two having already made contact). Many (33) reported that, without this information or contact, a piece of their identity was missing. They often sought information about their genetic and medical histories. However, Hewitt also reports an interest in their donors' social histories. As she puts it, they were interested in "knowing their donor as a person" (2002, 6). Scheib et al.'s (2005) more recent research with the adolescent offspring of identity-release donors in the USA confirms Hewitt's findings. Their analysis of 29 questionnaire responses found that the vast majority planned to pursue contact in the future with many believing that knowing more about the donor would help them to learn more about themselves.

The survey methodology allows little opportunity to analyse why and how information about, or contact with, donors is seen to be identity-relevant. Ravelingien et al.'s (2013) addresses this knowledge gap, analysing direct quotations from donor offspring, published in academic studies and in literature published by donor conception support groups. The authors find very varied explanations about why information about, or contact with, donors was relevant to "who they are." Whilst some of these explanations employ deterministic understandings of the relationship between genes and identity, others are more nuanced about the role of genes or may emphasise the donor's role in providing narrative information. So for example, whilst some citations reported a belief that their donor's genes constituted literally half of their identity, others described a milder curiosity about the donor as a source of genetic clues about why they were the way they were or who they might become in the future. Others talked about a desire to map out their ancestral history or complete their life history by finding out more about the donor and the circumstances in which they donated. Interestingly, Ravelingien et al. (2013) describe how this information, whether narrative or genetic in character, could be perceived as important, not only to the individual donor-conceived person, but also to *their* children and future generations. The authors also identify the desire to "connect with one's natural roots" (2013, 260) as a motivating factor. In this sense, offspring saw their donor as someone who they might provide them with a sense of



belonging and with whom might develop a meaningful relationship, occasionally characterised as a father-child type relationship.

Several studies, including a recent literature review (Blyth et al. 2012), have found that donor-conceived individuals also value information about, or contact with, their donors as a means of making further connections beyond this relationship, particularly with half siblings (Jadva et al. 2010; Kirkman 2004a; Blyth 2012). Of these, Kirkman's (2004a) and Blyth's (2012) qualitative interview studies demonstrate what is deemed valuable about these connections. Some sought this information as a means of avoiding consanguineal relationships, some imagined they might develop friendships with donor half siblings or that they would feel an affinity if they were to meet (Kirkman 2004a). As Blyth (2012) explains, these relationships provided a space in which to reflect on the relevance of genetic inheritance to their relationships, whilst also exercising agency over when and how such things mattered. For example, donor siblings were often interested in identifying physical and behavioural resemblances between one another (Kirkman 2004a). However, as Blyth's participants explained, they were aware that they perhaps saw these physical resemblances precisely because they were *looking* for them.

The concept of agency is also emphasised in Klotz's (2013; 2016) study of donor conception in the UK, Germany and, to a lesser extent, the USA. As part of this study, she learned about (sometimes directly, sometimes indirectly) the experiences of six donor-conceived adults and young people who had been conceived with sperm from anonymous donors. Her participants also reported the desire to find out about or contact their donor relatives as a means of "completing" their sense of self. However, she warns against interpreting such statements as evidence of geneticisation of identity or kinship (see, for example, Ettorre, Katz Rothman, and Lynn Steinberg 2006; Finkler, Skrzynia, and Evans 2003). Echoing Carsten's (2000b) research with adult adoptees, she instead suggests that donor-conceived people seek such information as a means of exerting agency, which had been previously undermined by the late or shock discovery that their conception had not taken place as they had

previously assumed. Searching and finding, what Klotz terms, these “wayward relations” is means of asserting their own agency – a process which could be comforting and reassuring in itself, not *necessarily* as a means of forming new kinship relationships.

Of course what is missing from these accounts are the voices of the donors and any sense of how these relationships might be negotiated between these actors, in the context of wider family networks. These studies tells us what donor offspring imagine they might gain from contact with, or information about, their donor. The stories about being donor-conceived therefore constitute part of the emotional reasoning behind moves towards openness in donor-conception (an argument that my own participants very much subscribed to). However, these studies don’t really give us a sense of how relationships or communications with donors might play out; How exactly do donors go about, or imagine they might go about, providing this kind of identity-relevant information and what kinds of challenges might it throw up? How is donor-parenthood negotiated? This is a question my own study seeks to address.

### **Negotiating “donor” parenthood**

My own study contributes to a small but growing body of literature in which donor parenthood, though clearly distinguished from “real” parenthood, *is* attributed social significance. In the following examples, “biological” connections between donors and their offspring are made socially meaningful, though not in ways which map onto pre-existing kinship relationships. Instead, donors renegotiate the meaning of their connection to offspring.

Though I recognise the line is blurred, I distinguish these studies from those with donors who have donated in contexts which uphold anonymity, including several studies conducted with known donors. These studies were conducted at a time when, legally and culturally, donors were not expected to think of their relationship to offspring as significant. Although I recognise that many previous anonymous donors

either did not want, or were not entirely able, to dismiss this connection, they were donating at a time when they had few prospects of meeting or contacting their offspring. Organisational practices and legal regulation did not *then* create the discursive and imaginative space offered up by identity-release practices, in which donors make sense of their relationship to offspring in new ways. Although known egg donation was common prior to 2005, studies with such donors suggest they often portrayed their role as “just as if” they had not donated, as an aunty or friend of the family (Kirkman 2003; Winter and Daniluk 2004). In these cases, known donors continue to screen out the significance of their donation for their relationship to offspring.

However, there are some exceptions to this rule. There are more recent cases of known donation, for the moment limited to the literature on lesbian couples using DI, where donors may seek, and recipients may desire, sperm donors to play some kind of role in relation to offspring (Dempsey 2010; 2012; see Nordqvist and Smart 2014; Nordqvist 2012; 2014 for perspectives of recipients). Quantitative analysis of online sperm donation profiles suggests that male donors in same-sex relationships are more likely to seek such arrangements (Riggs and Russell 2011). Dempsey (2010; 2012) conducted fifteen interviews with Australian gay men acting as known sperm donors. She found that they described their role on a continuum from donor to father figure. At the one end were those who saw themselves as (only) a sperm donor and expressed little or no interest in their connection to offspring. At the other end, was a man who rejected the term “donor” and saw himself as the father (Dempsey 2012, 164). This man had agreed with the birth mother and her partner that he would be known as “dad” from an early age. Although the lesbian couple are the primary carers, he has regular contact, including overnight and holidays, makes financial contributions to his son’s care and is involved in “big decisions” in the child’s life. These two examples are dissimilar to my own findings in the sense that they either activate or deactivate the significance of their genetic connection to offspring. At one extreme of the continuum, genetic connections are screened out. At the other, genetic connections are activated in a way which maps onto an established kinship role – fatherhood.

For my own purposes, the most interesting cases are the two “in-between” examples on the continuum Dempsey proposes. In these two case studies, we see how the meaning of genetic relatedness is dynamic, negotiated and sometimes overtly contested. Philip initially used the term “uncle” to highlight both the permanent yet flexible character of his role (Dempsey 2012, 162). An uncle, he explains, is a life-long, genetic connection but, socially, can be very close or very distant. However, Philip went on to explain how his relationship with the child gradually grew closer. When his donor-conceived son began calling him “daddy” at age five, he describes easily accommodating this transformation of his role and now sees the boy once a week and attends events at his school.

Dempsey’s final case study emphasises the interactive and ongoing nature of these kinship negotiations because, in this example, genetic relatedness has varied significance to the key actors involved. Michael describes his relationship with his donor offspring as “more like a sperm donor than a father” but, he explains, this is in accordance with the wishes of the recipient couple rather than his own (2012, 166). He was aware of the role the couple expected of him at the time of donation but felt he had no other options to pursue fatherhood, or something like it. Michael has made his offspring a beneficiary in his will and is hopeful that, in time, he will be able to play a more fatherly role in his offspring’s life. This last example foregrounds the continual renegotiating involved in enacting donor parenthood, responding to others’ actions and feelings, as well as changing circumstances.

This sense of “making it up as they go along” is also highlighted in Sebastian Mohr’s research with Danish sperm donors. At the sperm bank where Mohr carried out his ethnographic fieldwork, donors could opt to be identity-release or anonymous. Of his 26 participants, 14 had agreed to be identity-release. Mohr describes these men as “pioneers,” walking “unexplored kinship territory, not really knowing how to ascribe meaning to connections that defy existing classifications of kinship” (2015, 25). Like

my own participants, Mohr's non-anonymous donor interviewees struggled to find the vocabulary to describe their role and, although they felt sure they had obligations towards offspring, often found it difficult to articulate what these were. My own participants seem to have been more forthcoming in articulating what this "pioneering" role might be. This may be because my participants were donating in a context in which openness was encouraged and their experiences of counselling encouraged them to think through the kinship consequences of donation. In contrast, Mohr describes how his participants, despite the identity-release option, were encouraged to think of their donation in purely contractual terms (a financial exchange with the sperm bank). Whilst the vast majority of my participants had not met their offspring, they were a little further on than Mohr's participants in exploring the new kinship territory into which they had ventured. My findings therefore extend Mohr's by describing the imaginative kinship work donors engage in when they make sense of their role.

The two studies described in this section both illustrate how donors attribute social significance to their connection with offspring without this *necessarily* being seen as a parent-child relationship. Instead, the meaning of the donor/offspring connection is continually negotiated and renegotiated. My own research contributes to this growing body of scholarship which demonstrates, not only the socially constructed categorisation of "biological" processes and their selective deployment in relation to kinship claims, but also the creative ways in which the meaning of the "biological" can be renegotiated in relationship to kinship. Or to put it another way, it is not just a case of managing whether, or what aspects of, "biology" matter in relation to kinship but also managing *how* "biology" is made to matter to the social relationships in which it is implicated. In these studies and my own, procreative ties are not ignored or screened out but neither are they attributed kinship significance in any straightforward way.

## Conclusion

I began this chapter by arguing that bodily donations have no intrinsic meaning but instead the ways in which they are understood are shaped by the legal, social and cultural contexts in which they take place. This is a fundamental premise of my own study since I assume that the introduction of identity-release legislation, and the ethic of openness which informed this amendment, will shape how gamete donation is understood by those that donate in this context.

With this in mind, I demonstrated how donors, recipients and staff implicated in bodily donation often construct these practices as gifts. My own findings continue this pattern. However, by analysing the research on organ and blood, as well as gamete, donation, I demonstrated that the social significance of giving and receiving such gifts is highly varied between different persons and contexts. I highlighted three different (though related) gift discourses which are drawn on to describe acts of bodily donation: an ideology of the “pure gift”, a discourse of gifts as personal, relational activities and a discourse of “communal gifts” – acts of good citizenship. I also demonstrated that each of these discourses may be more or less available to different actors in different contexts; the identity of donors, legal regulations, organisational practices and the material-symbolic properties all shape (though do not determine) the way in which donation is understood and portrayed. The concept of gift discourses and their relative availability is central to my analysis of donor participants’ narratives. In Chapters Five and Six, I show how these different gift discourses both constrained and enabled donor participants’ narratives. Gender, clinic practices and wider cultural discourses encouraged or discouraged donors to talk about their donation in particular ways, as a particular kind of gift.

The second half of this chapter focussed on the material-symbolic properties of donated gametes as procreative substance. Situating my research within work on sociology of the family and the new kinship studies, I argued that the transmission of genetic substance does not *automatically* create kinship relations. Instead, in line with authors in these fields, I conceptualise relatedness or family as something which

is continually constructed (or not) through everyday practices. According to an English model of kinship, “genetic” or “biological” connections constitute one perspective from which kinship connections can be claimed (Edwards and Strathern 2000). However, they may be deemed insignificant, screened out by social connections formed through caring or intention. In this project, I have sought to examine if, and how, identity-release donors construct their relatedness to offspring.

This review has also illustrated the contradictory pressures which identity-release donors are subject to. On the one hand, “natural” ties are idealised as enduring and automatic and an important means of anchoring oneself in time. On the other, donors are aware that their “natural” tie to offspring can be perceived as a threat to the “social” parent, particularly in light of an ideal of two-parent families. As my findings demonstrate, the donors I interviewed were subject to these pressures to both disconnect and connect with offspring. In showing how they negotiate these dual imperatives, I contribute to a small but growing body of literature which evidences how “biological” connections can be made socially significant though not in ways which map onto any pre-existing kinship categories. The donors I interviewed did not dismiss, or try to dismiss, the significance of their connection to offspring. Instead they actively and creatively renegotiated the meaning of this connection, qualifying its potential kinship significance and therefore minimising the threat they presented to the recipients.

# Chapter Four:

## Designing and Doing the Research

This chapter traces the process of data collection and analysis, beginning from my initial aims and questions through to the production of the written thesis. I describe both my initial research design and rationale and the way in which these changed and adapted as a result of experiences and circumstances in the field. In this way, I aim to capture some of the messiness of “real life” research, particularly how my day-to-day decisions in the field have impacted on the data collected and the kind of thesis I have produced.

### **Aims and objectives**

I began this project with the aim of addressing two primary research questions, from which I identified several subsidiary questions each:

1. How do UK identity-release gamete donors view and experience donation?
  - a) How do donors describe the role of a gamete donor?
  - b) Has the meaning of donation changed for donors over the life-course, if so how?
  - c) How do donors describe their motivations?
  - d) How do donors describe the donation process, in and out of clinic?
  - e) How do donors describe their role in relation to (potential) donor-conceived child(ren)?
  - f) How do donors describe their role in relation to recipient(s)?
  - g) How do donors feel about the possibility of contact from donor offspring?
  - h) How do donors expect they should or would react if they were contacted by donor offspring or recipients?
  
2. How do donors’ social contexts shape their views and experiences?



- a) What kinds of experiences and cultural discourses do donors draw on in order to make sense of donation and their role?
- b) What are the similarities and differences in the views of different donors and how might these be explained?
- c) With whom, and how, do donors discuss their donation?
- d) How do clinic staff view the act of gamete donation and the role of donors?
- e) What differences (if any) exist in the way clinic staff perceive different donors (i.e. men/women, parent/childless, younger/older) or different types of donation (known, patient, volunteer)?
- f) How do clinic staff interact with donors?

These are the *original* research questions with which I embarked on this project. As my research progressed, I became more or less focussed on particular questions, in response to the data produced. In some cases, I was limited in the extent to which I could address particular questions (i.e. 2(d)-(f): those relating to staff views and interactions with donors) because of the limitations of my methodological approach (see section on staff interviews). In other cases, my focus emerged later, in the course of my analysis; the data I produced was more sociologically interesting and original in relation to some questions than others. As a consequence, the findings reported in this thesis are centred on those questions relating to donors' relationships with their offspring and recipients (1(e)-(h)). I became interested in additional, related questions, as my interviews progressed; a substantial section of my findings analyse donors' views on their role in relation to the wider community and the issue of payment. This was not specifically set out in my original research questions but does relate to my broader research aims.

### **Overall methodological approach**

My interest in how donors made sense of donation, and why, necessitated a qualitative approach to data collection. I wanted to capture the complexity of donors' views and experiences and also analyse the discourses they drew on to negotiate their role. For this reason, I selected in-depth interviews as my primary method of data

collection. I did consider the possibility of embarking on a more “traditional” ethnography of a fertility clinic (as Konrad (2005) and Mohr (2015; 2016) have previously conducted). However, whilst such an approach might have elicited a greater understanding of the wider clinic culture, it would have been difficult to observe significant numbers of donors in the clinics or interactions in which donors were implicated; this is because a relatively small number of donors donate in any one Scottish clinic in any one year (in 2011, the clinic which recruited the highest number of donors in Scotland recruited 24 egg donors and 12 sperm donors, but in nearly all other clinics there were less than 5 sperm donors and less than 15 egg donors). As a consequence, only a small proportion of clinic consultations, discussions and practices within the clinics directly implicate donors. I therefore decided to focus on donor interviews as the best means of engaging with donors’ views on, and experiences of, donation. In order to contextualise donors’ narratives, I also interviewed staff about their interactions with donors and their views on gamete donation and conducted observation of clinic practices (most often by “shadowing” doctors during clinic consultations). My investigative focus was on the donation stories of donors themselves – it is these which I was primarily oriented towards understanding and explaining. Data generated through staff interviews and clinic observations were used as an analytical resource to explain and situate the views and experiences expressed by donors.

### **Recruitment and sample: donors**

Given limitations on time and resources, I had intended to limit fieldwork and recruitment to one research site. I selected an assisted conception unit, which I refer to with the pseudonym “Hillbrook,” based in a large NHS hospital on the outskirts of a small city, where a senior staff member had already expressed support for the project prior to funding being secured (whilst writing the research proposal I had emailed all five fertility clinics in Scotland accepting gamete donors at that time). This clinic was selected primarily because of the support offered by this staff member, a key gatekeeper, and because it was within commuting distance of my home. I reasoned that focussing on just one site had the benefit that I could concentrate my time and gain a deeper understanding of one donation context.

Donor participants were recruited via letters sent from clinic staff to men and women who had donated gametes since April 2005. Their names and addresses were available via the clinic's pre-existing records. In my initial proposal to NHS research ethics, I had stated that I would not myself access these records and that clinic staff would send out information on my behalf. I had considered that such an approach avoided my having unnecessary access to information about who had donated and would be more likely to secure ethical approval. However, this approach created a burden for already busy administrative staff and caused significant delays in letters being sent out. The task took longer than I had anticipated since donors' files had to be located (not necessarily straightforward) and consent forms checked to find out whether they had agreed to being contacted for future research, before letters could be prepared and addressed. All donors who had consented to being contacted were sent a letter signed by one of the clinic's doctors, introducing the project and inviting them to take part (see Appendix i), an information leaflet detailing the projects aims and what participation would involve (Appendix ii) and also a consent form (Appendix iii) and pre-paid envelope to return the form should they wish to take part.

My first round of recruitment elicited fewer responses than I had hoped. The first batch of letters were sent to, what the clinic termed "altruistic" donors (non-patient donors who were donating to unknown recipients). Clinic records stated that there had been 23 altruistic donors (14 men and 9 women) since April 2005. However, only six letters were sent out because the majority had not consented to being contacted for research purposes (though promisingly, four of these responded, agreed to take part in the project) Anticipating similar difficulties with known and egg-share donors, and in the knowledge that there were no further male donors included in these groups, I began the process of finding a second research site.

The second site selected, termed "Greenview", was a privately funded, specialist fertility clinic located in a different Scottish city. Staff at this site had also expressed some support at the proposal stage and so my request did not appear "out of the blue". The clinic was an attractive option because I knew that they had recruited

relatively high numbers of donors compared with other clinics in the area and I considered that the inclusion of a private clinic might enable some comparison between donors at private and publicly funded clinics. At Greenview, I secured NHS ethical approval for an amended research protocol that enabled me to access donors' records directly and address letters myself. This proved a much quicker method of recruitment though it also gave me an insight into how difficult (sometimes impossible) it could be to locate records and consent forms. It often took several attempts to find donors records, particularly those which had been archived, and then consent forms were sometimes missing or had not been electronically uploaded to the patient database.

A total of 96 letters were sent out via the two clinics (30 to Hillbrook donors and 66 to those who had donated at Greenview). Twenty completed consent forms were returned (a response rate of 21%) and, in all but one case, I was able to contact the respondent via email or telephone and arrange an interview. At this point, my sample included only five male donors and the same number of "altruistic" egg donors. In order to enable some comparison between different "types" of donors, I had originally set out to recruit a minimum of eight donors in each of the following groups: sperm donors, "altruistic" egg donors, known donors and egg-share donors. So, with the aim of supplementing recruitment, particularly of male donors and "altruistic" egg donors, I contacted the National Gamete Donation Trust (NGDT). This government-funded charity aims to raise awareness of gamete donation and increase donor numbers. They keep records of UK donors who are willing to be contacted by researchers or the media. Details about the project and the relevant documents were sent out to all donors in this group, via an email list. This elicited a further five responses and interviews were arranged.

In total, I interviewed twenty-four donors, eight men and sixteen women; a gender imbalance which loosely reflects (or more accurately, understates) the imbalance in gamete donation nationally (HFEA 2014, see also Chapter Two). Fourteen donors (seven men and seven women) were volunteers or "altruistic" – meaning they were donating to someone they did not know and were not participating in an egg-sharing

scheme. Eight participants were known donors (six female and two male). In this sub-group, two women (Grace and Maya) had donated eggs to their sisters, two to their friend (Laura and Hannah) and Tom donated sperm to his wife's best friend. Nina (who was also an egg-sharer) donated half of her eggs to a friend who she had previously worked with though, at the time of the donation, they had little contact. In Anna's case, she had become friends with someone she had met on an online infertility forum, they had become friends, occasionally meeting up, and only later had she offered to donate her eggs (after the recipient's initial egg donation plans had fallen through). Despite constituting the largest donor "type" at Greenview and making up approximately one third of the egg donor population nationally (HFEA 2014), egg sharers are under-represented in my sample with only five being included in the study. This resulted from a poor response rate from this subgroup. The five participants interviewed were the only responses from a total of 38 letters sent to egg sharers (13% response rate). Table 1 shows the numbers of different donor "types" recruited and how. As it shows, the NGDT was a helpful method of recruiting predominantly "altruistic" donors whilst the small number of egg-sharers who participated were all recruited via Greenview. The numbers in each sub-group do not add up to the total of twenty-four participants I have reported. This is because three participants were categorised in multiple groups; Anna and Neil had donated to both people they knew and those they did not, whilst Nina had participated in an egg-sharing scheme but knew her intended recipient.

Table 1: Recruitment of different donor “types”

<b>Donor type</b>	<b>Number recruited and how</b>
Volunteer (altruistic)sperm donors	2 Hillbrook 3 Greenview 3 NGDT
	<b>Total = 7</b>
Known sperm donors	1 Greenview 1 NGDT
	<b>Total = 2</b>
Volunteer (altruistic) egg donors	3 Hillbrook 2 Greenview 2 NGDT
	<b>Total = 7</b>
Known egg donors	4 Hillbrook 2 Greenview
	<b>Total = 6</b>
Egg share donors	5 Greenview
	<b>Total = 5</b>

Table 2 provides demographic information about the donor participants and the circumstances of their first donation. All had donated between 2005 and 2013, with one sperm donor (Daniel) still in the process of donating at the time of interview. In Anna’s case, she had also donated twice in 2003, prior to identity-release legislation being introduced. Most had completed just one donation cycle, although five had donated more than once. As explained in Chapter Two, the levels of payment permitted to gametes donors has changed since 2005. The donors therefore varied in terms of the amount of payment offered to them, depending on when they had donated and also the category of donor they fell into (sperm/egg, egg share/volunteer). Those donating after April 2012, were usually offered a fixed sum of £750 for egg donors or £35 per visit for sperm donors (payable as a lump sum of

approximately £400 upon completion of a donation cycle). However, these fixed payments were not offered to any known donors in my sample. Those donating prior to April 2012 were usually offered the opportunity to claim expenses incurred as a result of donating, up to a maximum of £250. Egg-share donors were an exception. This group of donors are not offered either fixed sums or the chance to claim back expenses but do receive significantly discounted treatment in exchange for donating half of their eggs from one cycle of IVF

The sample is relatively heterogeneous in most respects other than ethnicity, with all but one Black West African egg donor participant being white of Northern European ancestry and all but three of these were white British. The donors came from a variety of socio-economic backgrounds representing a wide range of occupations, including senior managers, students, a call centre operative and the recently unemployed. At the time of their first donation, participants' ages ranged from 25 to 42 with the ages of different sub-sets often reflecting the differing criteria for donors of different types. Men can usually donate sperm up to the age of 41 and, although male donors were represented at *both* extremes of the age range, sperm donors in this sample generally tended to be older than egg donors. Egg sharers were, on average, the youngest group, all in their late twenties and early thirties. Known and volunteer egg donors tended to be in their early to mid-thirties. Approximately two thirds (15) of the donors were married or living with a partner at the time of their first donation, three described themselves as being in a relationship and six as single. Zara, Rob and Daniel identified as gay and the rest as heterosexual. Half of the participants already had their own children at the time of their donation. Of the remaining twelve, four were egg-share donors who conceived as a result of their own treatment which coincided with their donation. Based on the available statistics about gamete donors nationally (HFEA 2014), in most respects this sample is broadly comparable with the wider population in terms of the proportion of donors of different ages and ethnic backgrounds. However, when compared with the national data since 2005, the sample has a disproportionately high number of male donors with their own children.

Table 2: Demographic details of donor sample at the time of their first donation

<b>Donor</b>	<b>Donor type*</b>	<b>Date donated</b>	<b>Age</b>	<b>Relationship status</b>	<b>Children</b>
Adam	A	2008	39	Single	One daughter
Anna	A x 2	2003	30	Married	One daughter
	K x 2	2007	34	Living with partner	
Bridget	S	2010	29	Married	Son born following donation/treatment cycle
Daniel	A	2013	25	Single	None
Debbie	A x 2	2006	31	Married	Three children
Eve	A	2010	34	Living with partner	Two children
Faye	S	2008	35	Married	Twins conceived following donation/treatment cycle
Grace	K	2011	33	Married	None
Hannah	K	2010	33	Married	Three daughters
Ian	A	unsure	42	Living with partner	Ten children, including one who died just a few days old
John	A x 2	2006	33	Married	Two daughters
Karen	A	2011	36	In a relationship	One daughter
Laura	K	2012	31	Living with partner	None
Liam	A	2009	33	Single	None
Maya	K	2011	36	Married	Two sons
Neil	A and K multiple	2005 onwards	36	Single	None
Nina	K/S	2007	33	Married	One son and twins born following donation/treatment



Olivia	S	2009	29	Married	Daughter conceived following donation/treatment cycle
Rachel	A	2013	25	In a relationship	One son
Rob	A	2008	32	Single	None
Sarah	A	2011	34	In a relationship	None
Tom	K	2013	35	Married	Two children
Yasmin	S	2011	28	Married	Son conceived following donation/treatment cycle
Zara	A	2010	30	Single	None

\*A-altruistic, K-known, S-egg share

### **Recruitment and sample: staff**

I recruited staff participants via the two clinics where donor participants were recruited. Because I was carrying out observations in the clinic, my communications with staff about my research were inevitably more informal. To begin with, I gave a presentation to staff about my research and the ways in which they could participate if they wished. I then sent internal letters (Appendix iv) and an information leaflet (Appendix v) to all staff via internal mail which detailed how to exclude themselves from all observations in the workplace if they chose to, by notifying one of their colleagues. None took up this option and some returned consent slips via an envelope in the clinic and so I began to arrange observations and interviews with those who had volunteered. Further interviews were arranged following informal conversations with staff in the clinic.

In total, I (formally) interviewed 20 staff members with, slightly more (12) participating in Hillbrook than Greenview. I attempted to interview staff in a range of occupations. However, some groups were easier to recruit than others. This was partly the consequence of my location within the clinics. In Hillbrook, I agreed with staff that I would base myself at the nurses' station and as a consequence many nurses agreed to take part. There was no equivalent place in Greenview and so I

came into contact less with nurses and only one participated in an interview. Similarly, embryologists are under-represented in my staff sample in large part because of their relative segregation in the laboratory and the difficulty of simply “popping in” to this sterile environment for a chat about the project. My sample of staff interviewees included seven nurses, six doctors, three administrative staff, two counsellors and two staff members who worked in the laboratory. Further informal conversations took place during observations but, as a general rule, staff who engaged in these kinds of interactions, also agreed to be interviewed.

### **Data collection: donor interviews**

I conducted interviews with donors from May 2013 to February 2014. Most were conducted in Scotland but many necessitated travel across England. This was the case in relation to all five interviews with donors recruited via the NGDT. In addition, two donors recruited via the Scottish clinics lived south of the border, one due to relocation (Adam) and one because he had travelled to his recipient’s chosen clinic to make his donations (Tom). In five cases, donor interviews took place in workplaces or cafes. However, I interviewed the majority in their own homes. On one level, this was for convenience – there would be no need for donors to travel or arrange childcare in order to take part. However, the domestic setting also had the advantage of creating a relaxed environment for the interviews. Usually the interviews took place around the kitchen table or on the sofa, cups of tea in hand. In addition, being invited into the homes of participants enriched my understanding of their lives and contextualised their donation narratives. Often, I met their children, occasionally their partners and their pets too. Without having to ask, I got a sense of how they lived their day-to-day lives, whether in well-to-do suburbs, rural villages or cramped flats on city estates. I saw children’s pictures on the wall, photographs and mementos of travels on display. Being at home, the donors were able to make use of these memory props in their storytelling which again enriched their narratives of kinship.

Most donor interviews lasted approximately two hours with the shortest being just over an hour and the longest three hours. Before beginning each interview, I asked participants if they had any questions and recapped the key points on the consent form they had previously signed. All agreed to the interview being recorded with a digital recording device. Interviews followed a loosely chronological framework, beginning with a variation on the request, “Tell me how you became a donor.” From here, many donors continued unprompted to talk about their experiences in the clinic and their views on the role of the donor. I encouraged participants to continue their own narratives, focussing on the topics they considered to be relevant. However, I also made flexible use of a topic guide and, if participants had not themselves covered a particular issue, I would raise it. The topic guide can be read in its entirety in Appendix vi. It includes questions under the headings: “Deciding to donate,” “What kind of act is gamete donation?” “What was your experience of donation?” “What are your feelings about donation now that it is completed?” “What do you think your role is in relation to donor-conceived children and recipients?” and “Collect demographic information.” Questions were added or amended throughout the data collection process as a result of my reflections on ongoing interviews.

I tended to use open-ended questions in order to elicit in-depth responses from participants, to avoid imposing my own assumptions on the conversation and enable participants to frame the discussion in their own terms (Legard, Keegan, and Ward 2003). I used verbal and non-verbal probes and prompts to encourage participants to elaborate and explain their views and experiences. These included more specific or closed questions in order to probe for more information. So, for example after having asked, “What was your experience of being a donor in the clinic?” and, “Tell me about the processes and procedures involved,” I might also ask, “Did you experience any pain or discomfort?” if this was not an issue the donor had already raised themselves. Similarly, I sometimes expressed my own views or told participants what other donors had told me and asked how it compared with their own views and experiences. It could be argued that these are “leading” questions which compromise the validity of my findings. However, I follow Agar (1980) in suggesting that all questions are leading in some way and that making statements or asking closed

questions can be a helpful means of clarifying understanding. In addition, by occasionally expressing my own views, including agreement with participants, the interviews took on more of a conversational tone, participants were more likely to feel relaxed and be open about their experiences. As Stanley and Wise (1993) argue, a conversation in which one participant never expressed their own views would be a decidedly strange one and this would likely have its own impact on data collection, potentially stiling communication and limiting the richness of the data collected.

I enjoyed interviewing donors. Communication felt relaxed and I got the impression that donors also enjoyed telling their stories. I found it easy to build rapport with most participants, not only because I was interested in their experiences as donors but also because I often genuinely liked them as people. Frequently, I found we had experiences in common and these provided opportunities for more two-way conversation which seemed to put participants at ease. Some participants had previously conducted their own research. Others, particularly egg-sharers, were of a similar age and the same gender to me. Although, at the time the interviews took place, I was not a parent, I did discuss my intention to have children in the future and I had *some* insight (as an aunt and as a primary school teacher) into caring for children and I used my own knowledge to engage with those participants who were mothers and fathers.

I sometimes raised questions which participants found difficult to answer – perhaps they had not previously thought about them or they found it difficult to articulate their views. However, donors often commented that they found such questions thought-provoking and that it was interesting to explore them. Sensitive topics did arise, such as the death of family members, miscarriages and relationship breakdowns. However, participants were able to reflect on these events and their connection to their donation narratives without becoming distressed, perhaps because enough time had passed that they were able to talk about their grief without also reliving it. I concluded interviews by asking more general questions about the donors' lives – their work and family lives, their plans for the rest of the day – as well as clarifying the circumstances of their donation, such as dates and ages. This

constituted a “phase of emergence” or gradual “winding down,” moving the conversation away from more personal and emotional topics and towards a more every day, two-way conversation (Corbin and Morse 2003).

Before I left, I asked participants if they would be willing to comment on an interview summary and if they would like to be updated on the project’s findings. All agreed to comment on summaries and requested further information about the research outcomes. I produced summaries based on notes taken as soon as possible after the interview and emailed them to participants, encouraging them to tell me if there was anything they felt I had missed out or misinterpreted. Donors’ responses proved a further valuable source of data collection. Firstly, as a form of “member checking” (Lincoln and Guba 1985) they provided a means through which to validate my own interpretation of the interview discussion. All but one participant responded to my email and the vast majority approved of the summary in its entirety. On several occasions, participants expressed delight that I had been able to gather together all their thoughts and experiences into one story. As Olivia put it, I had created a “memoir” which “captured everything [she] thinks and feels [about donation]” and, with which, she could remember her experiences. Many donors also replied with further information about their lives since the interview and the donation. For example, Rachel told me that since the interview, she had donated for a third time and had found out that a little girl had been born to her first recipient. Other participants did offer some corrections – usually these related to dates and ages of the different persons involved and often I had already highlighted my doubts about their accuracy. However, on one occasion, the correction offered by a participant provided an interesting insight into the cultural constraints and pressures upon gamete donors. He suggested that my wording be slightly changed and, regardless of what he had originally said in the interview, it was interesting to me that he thought this rephrasing important (this example is discussed in detail in Chapter Nine (p.251)).

## **Data collection: clinic fieldwork and staff interviews**

I spent a total of twenty days in the two clinics, talking informally to staff and making notes of my observations and interactions there. On most of these days, I arranged a period of more formal observation of a particular procedure or person for some portion of the day. These included observation of egg retrievals on two occasions, tours of the clinics and visits to the laboratories but in most cases I spent my time sitting in on doctors' consultations with patients. Doctors were generally quite willing to facilitate this kind of "shadowing," perhaps because they had become accustomed throughout their careers to medical students observing their interactions with patients. In between consultations, I had an opportunity to ask (brief) questions about why particular decisions had been made (e.g. why was the use of donated eggs discussed in one case but not another) and to make notes. I should highlight that the consultations I observed were with women and couples experiencing infertility and not limited to those involving gamete donation, indeed this was a topic that was uncommonly raised. They gave me an insight into the more routine, everyday work of the clinic staff, rather than how gamete donation (a more unusual event) was discussed.

If I had no particular place to be, I sometimes spent time in the reception area but most often "hung out" at spaces within the clinic where staff tended to congregate and talk informally. In Hillbrook, this was the nurses' station, a large reception-style desk with two computers and a telephone. When not with patients, nursing staff would often use this area to look over and update notes, take phone calls and talk to one another. In Greenview, there was no equivalent space. Here, I usually based myself within one of the offices used by administrative staff which were generally quieter and less social spaces but still allowed some informal conversation. "Hanging out" enabled me to build relationships with clinic staff, share information about the project and ask informally about practices and procedures within the clinic. These informal conversations and the shadowing process also provided opportunities to read clinic documents related to gamete donation. In total, I collected and read 20 documents - all informational documents and forms which were shared with, or

completed by, (potential) gamete donors and recipients at the two clinics. I made notes about the purpose and content of these documents. These brief notes as well as others made in the clinic were, at the end of each day, typed up and these field notes were later used for analysis.

This ethnographic element to my project has enabled me to contextualise my interview data and guided my interview questions. I was able to collect data on the everyday goings on at the clinic, including medical practices and bureaucratic procedures that apply to gamete donors. I am also in no doubt that informal conversations with staff and simply being a familiar face in the clinic increased the number of staff members who agreed to take part in interviews. However, ethnography in this context had challenges which I suspect have impacted the breadth and depth of data collected. I found it personally and professionally challenging to continually play the role of “professional stranger” (Agar 1980), to repeatedly arrive at a place of work where I was neither worker nor client and where I often had no clear task to perform or space to inhabit. As Blix and Wettergern (2015) highlight, the continual negotiation of access necessary in ethnographic fieldwork demands a high degree of emotional labour from researchers. I do not think my experience in this regard is unique. However, because I never fully overcame this sense of being “out of place” and I was, perhaps overly, sensitive to issues of voluntary consent and intrusion (see ethics section below), there are spaces (like the laboratory) and groups (senior managers and embryologists) which are not fully explored within this project.

Staff interviews followed a similar semi-structured format to donor interviews but were much shorter. The shortest was just 15 minutes long and the longest an hour and a quarter, with most approximately 30 minutes, sometimes made up of multiple “slots.” These interviews were shorter primarily because they were fitted into busy days. Often a staff member would provisionally agree to an interview but would have to see whether and when a quiet period might emerge in their day. About half of interviews with staff took place in communal areas and the others in private rooms

within the clinic. In either case, they were often interrupted by colleagues seeking advice or support. All but one of the staff participants agreed to the interview being recorded. In the case where consent was not given, I made notes during the interview and later made a summary of our conversation.

After gaining informed consent, verbal and written (see Appendix vii) and offering the opportunity for questions, I began interviews by asking staff to tell me about their role within the clinic and subsequently whether and how that might involve gamete donors. I asked about their interactions with, and knowledge about, donors and recipients in the clinic and also sought their views and experiences about donor-assisted conception and the role of gamete donors more generally (the full topic guide can be read in Appendix viii). The interviews were varied in terms of the richness of the data produced. Often the staff I interviewed had little or no contact with gamete donors or they described their interactions with them as limited to the discussion of medical procedures (this was often the case with egg donors where the focus would be on explaining the effects of the drugs and risks of the minor surgical procedure necessary for egg retrieval). In response to questions about the role of donors, some participants were happy to speculate or offer their own opinions. However, many others felt unable to do so, directing me to the counselling staff at the clinic, whose role, they explained was to discuss these kinds of socio-emotional issues. Of course, this is, in itself, an interesting finding. However, it did mean that staff interviews had a very different feel to them. Staff participants generally gave much shorter answers and so I took a greater role in directing the conversation. In addition, because staff were often reluctant to speculate on how donors thought, or should think, about their role, there was a greater emphasis on fact-finding about the way procedures usually worked in the clinic.

### **Ethical decision-making**

In advance of data collection, a thorough review was conducted to reflect on the ethical implications of conducting this project, aided by the University of Edinburgh's School of Social and Political Science Level Two guidelines and the



NHS research ethics process. The research design was approved both internally, by the university, and externally, by an NHS Research Ethics Committee in February 2013. All studies with human participants raise ethical issues, related to the avoidance of harm, gaining informed consent and ensuring confidentiality. In my project, these issues were largely addressed by following standard procedures. I informed all participants about the purpose of observation and the likely content of interviews, emphasised the voluntary nature of participation at all times and used pseudonyms to ensure confidentiality. However, there were specific aspects of the research design which required more detailed analysis and the adoption of project-specific measures. These include the potentially upsetting topic of the interviews, the risk of coercion in recruitment via health professionals, and the limits of confidentiality within a small sample.

The procedures designed to mediate these foreseeable risks were the subject of detailed external review by the NHS Research Ethics Committee. However, they can be briefly summarised. Firstly, the possibility that interviewees may find the topics discussed uncomfortably personal or upsetting was addressed by emphasising the voluntary nature of participation at all times, before and during the interview. In addition, I conducted interviews with a high degree of sensitivity to participant's needs and wishes. Although the situation did not arise, I planned to adapt, postpone or terminate interviews, as necessary, in response to the participant's wishes. Secondly, there was a small risk that egg-share donors, as both patients and potential participants, might feel coerced into participating given the "role of power dynamics in doctor-patient relationships" and the difficulty patients may have in separating requests for participation for their own treatment (Parry 2006, 2357). This risk was minimised by ensuring donors were only contacted once by letter about the project. Although this was sent via health professionals, it emphasised the independence of the project from the clinic and from any NHS institution and that there was no pressure to participate. Lastly, given the relatively small numbers of staff working at the clinic (under 50 in each clinic), and despite the use of pseudonyms and aims of omitting identifying information, I reasoned that staff might be identifiable to one another in research reports. In anticipation of this concern, I offered staff the

opportunity to read full anonymised transcripts of their interview which they were able to edit if they wished to. Although none opted to make any revisions or deletions, this process reassured me that staff either felt that their identity was satisfactorily obscured or that they were comfortable to be identifiable with their words.

Important as these reviews were in my own research planning, not all risks can be mitigated or anticipated through this kind of “procedural ethics” and doing qualitative research involves making ethical decisions in practice (Guillemin and Gillam 2004). This was most evident to me when carrying out fieldwork in the two clinics. At first consideration, this ought to have been the area of the project least subject to moral dilemmas, and certainly it was not the focus of the formal review processes. Clinic staff were not ostensibly vulnerable people. In contrast with donors, they were being asked to talk about their work rather than something that might be viewed as highly sensitive or personal. However, in practice, being in the clinic involved continuous “ethics in practice” – balancing the need to ensure staff participation was “un-coerced” with the aim of collecting useful and valid data. Because I was physically present in their workplace, because I developed relationships with staff, it was inevitable that they might feel some social pressure to participate. This is a strength of ethnographic research – “hanging out” enables researchers to build rapport and trust with participants who may then talk more candidly (Denzin and Lincoln 2000). However, such relationships, come with risks that people feel obligated to participate. It is much harder to decline a request for help if it comes directly from someone you know (even only vaguely). And whilst I had planned only to *inform* staff about the project rather than *ask* them to participate directly (they were to contact me if they were happy to take part), I soon realised that this was a meaningless distinction. Talking to staff participants about my project, and why I might be interested in interviewing them, was, according to cultural norms, tantamount to asking them. Whilst I was in the clinic, I continuously felt uncomfortable with the knowledge that staff might feel under pressure to participate. In order to address this concern, I was very aware of, and responsive to, verbal and non-verbal clues that staff might be reluctant to participate and I always gave them

an “out” – a way of turning me down without there being any awkwardness (usually I prefaced and ended all discussion of the project with, “I can see you’re very busy at the moment. It’s really not a problem if you don’t have time”). On one occasion, this approach was not sufficient and it became clear that one staff member *had* felt under pressure to participate. I do not elaborate further for reasons of confidentiality but, since it was brought to my attention, I was able to resolve the situation, re-emphasising the voluntary nature of participation, and the staff member was not interviewed. At the time, I reflected that I had ignored my own misgivings about the situation and resolved to follow my instincts in future. This event had a significant impact on me and I am aware that I perhaps became hyper-sensitive to issues of coercion from then on which may have impacted on the numbers and range of staff recruited overall. In particular, my unwillingness to intrude or ask too much of clinic staff may have resulted in the limited number of laboratory staff interviewed and the small number of nurse participants at Greenview.

### **Analysing the data**

The use of a subheading to delineate this section from the preceding data collection does not reflect any such neat boundary in practice. Instead, I continually analysed the data as it was produced and this, in turn, informed the collection of further data. After the interview itself, the first act of analysis was to take notes which provided the basis for an interview summary. I took notes as soon as possible after interviews which detailed, not only the key points of the interview, but also any new or interesting themes which were raised. Where participants raised new themes not included in the topic guide, these were added. For example, I found that organ and blood donation were often raised spontaneously by participants, who drew comparisons with gamete donation. In subsequent interviews, I asked donors if they did, or had done, anything else which they thought was similar to gamete donation and also made sure to check at the end of interviews whether donors had given blood previously or registered as an organ donor. In my notes, I also included details about the interview context which would not necessarily be apparent from the audio recording, such as the interview surrounding, the character and mood of the

participant (in my opinion) and my experience of the interview. I reasoned that these details would be helpful when later interpreting the meaning of the toneless transcriptions. However, in practice, I found I rarely needed to consult my notes because the process of writing them (and later the summaries) cemented these kinds of atmospheric details in my mind. When I was later reading the transcripts, I could easily recall the words being spoken in their original voice and context. My note-taking also had a second purpose in that it enabled me to reflect on my own role in the data production process and improve my approach. For example, unsurprisingly, sperm donors were reluctant to talk in detail to me, a woman in her late twenties, about their experiences visiting the clinic to produce their donations. Often this aspect of their stories was omitted or glossed over. After a few interviews, I found that a helpful strategy was to tell male participants what others had said (that it was awkward the first time but then improved, that the room felt dishearteningly sterile, that they had occasionally found it difficult to produce a sample) and ask them to comment. I found this provoked much more detailed responses from participants than more direct questions. By agreeing or disagreeing with previous participants, they could talk about their own experiences slightly indirectly. In addition, by repeating what others had said, I legitimised views or emotional responses that donors might otherwise have thought unusual, stigmatised or inappropriate to express in the interview context.

It was my aim to complete the process of transcription alongside interviewing. To some degree, this was successful, although by the time I had completed my interview I had a backlog of audio recordings to transcribe. All recorded interviews were transcribed verbatim with identifying details (places and names) either changed or omitted, with pseudonyms used to identify participants. Completing transcription myself meant that, through repeated listening, I became very familiar, not only with the words people had spoken, but also the way they had said them.

The principles of both content analysis (Robson 2002) and narrative theory (Kirkman 2002; Ezzy 2002; Riessman 1993) have informed my analysis of interview

transcripts, field notes and the documents I collected in the clinics. I was interested not only in the content of participants' stories (the views they express and the experiences they describe) but also the discourses they drew on (including those in clinic texts) and the narrative frameworks they employed. In practice, this meant that, when reading donors' words, I was continually asking myself how and why they had framed their accounts of donation in particular ways. Why, for example, did Daniel say that it was inappropriate for him to tell others about his donation, even though he was proud of having given this gift (see p.148)? And why did donors continually articulate their support for identity-release donation in relation to donor offspring's "rights" to know where they came from (see p.199)?

In my interviews, I asked donors to recall experiences and explain decisions which had often taken place years previously. Additionally, I asked them to imagine future scenarios and roles in relation to persons who they may never meet and, in some cases, might never exist. Past experiences reported by participants have been continuously reconstructed in their remembering, and perceptions of the future are only plans or imaginings rather than evidence of what *will* happen. However, the veracity of these accounts was not my central concern. As Cairns explains of her own research, these stories are valuable to me, predominantly because they tell us about the "discursive possibilities...available [and not available] to particular subjects" (2009, 329). Rather than suggesting their narratives constitute some kind of objective "truth" about the nature of gamete donation, I am interested in the ways donors make sense of their donation and why they make sense of it in particular ways.

Once transcription had been completed, I read over all the transcripts and summaries, once without making any notes and then for a second time, this time, noting down common or interesting themes in the data. Using my notes, I created a series of thematic categories with which I coded the entire data set using Nvivo 10 (qualitative data analysis software). Borrowing Richards and Morse's (2007) typology, these were predominantly descriptive or thematic codes, rather than more abstract analytic codes. Some examples of the total of 23 codes I used were "recipients," "disclosure,"

and “donor’s family.” I therefore used Nvivo predominantly as a tool for grouping and easily locating data on specific themes. To move the analysis beyond description and think about *how* and *why* donors talked about these topics in the ways they did, I preferred a pen and paper method, assisted by the software. I re-read all the data grouped under particular codes, paying attention to the *ways* donors talked about different themes, the connections they made and the discourses they drew on. I took notes on these, as well as similarities and differences in the data, looking for patterns and contradictions, both between and within interviews. I analysed the data generated in the clinics (staff interviews, field notes and documents) with a view to explaining donors’ narratives, comparing the way in which donors and donation is framed in these different contexts. My previous knowledge of the literature on kinship and bodily donation (amongst other topics) provided “tools” with which to read and make sense of these patterns and discursive processes (Altheide 1987). From these handwritten notes I derived concepts and theories to address my original research question: how do donors view and experience the act of donation, and why? My initial theorising was refined through “continual comparison” (Strauss and Corbin 1998) of my theories and concepts with the data in its original context (i.e. the interview transcript and my notes on the interview context) and analysis of “negative cases” (Lincoln and Guba 1985). I have attempted to modify or account for the negative cases and the ways in which my data was produced in the analysis I offer.

Far from constituting a report on a process already completed, writing up my thesis was *part of* the analysis process. By writing, and attempting to write, these chapters, I refined, sometimes discarded, theories and concepts which I had developed. In trying to explain my findings more clearly and in prose, I found myself drawn back into my data and also re-discovering concepts and theories in the literature. Often I would find further examples and concepts which enriched my ideas and sometimes I would instead discard theories as misinterpretations of the data.

## Limitations and transferability

As with any methodology, my research design and the decisions I have made in practice have created limitations on the data I have collected and the transferability of the knowledge subsequently produced. One limitation, which I have described earlier in this chapter, relates to my decision to focus on donor interviews over extended observation in the clinic. I have not directly observed donors' interactions in the clinical context and instead rely on participants' accounts (staff and donors) to understand how donors and staff interact in this space. As explained previously, I made this decision because I was aware that there would be only limited opportunities to observe the small numbers of donors coming through Scottish clinics and so it would not have been a good use of limited time and resources. However, if I had been able to observe donors in the clinic, this would likely have enriched the thesis, providing further contextual data and explanatory tools to make sense of donors' narratives.

Further limitations relate to my donor sample. It is not statistically representative of a larger donor population, it is self-selected and there is good reason to believe it may be biased towards those who have had positive experiences of gamete donation or who regard the identity-release requirements as unproblematic. In particular, the poor response rate of egg sharers may represent the exclusion of those who did not conceive as a result of their own treatment cycle since all five participants in this category were successful in this respect. Egg share donors who remained childless following their own treatment may well make sense of identity-release donation in different ways. It is possible that donors who remain involuntarily childless might think about their donor-conceived offspring differently (perhaps more likely to view them as *their* children) and the possibility of future contact with their genetic children may pose particular challenges. In addition, it could be expected that advertising my research with the NGDT, an organisation aimed at promoting gamete donation, would have recruited donors who have had particularly positive experiences of donation. For example, this decision may in part explain the high proportion of sperm donor participants who had engaged in some kind of ambassadorial work (see Chapter Eight). However, the influence of NGDT

recruitment was not straightforwardly apparent in practice. Sarah, the only participant who actively stated that she would not donate again and whose experience could be categorised as negative, was recruited in this way.

Whilst it is clear that my *sample* cannot be seen as straightforwardly representative of a wider donor population, my *findings* can be theoretically transferred to other contexts. Because I have analysed, not only donors' views and experiences, but also the cultural contexts which shape these, I am able to make "inferential generalisations" (Lewis and Ritchie 2003) to donors in other circumstances. Such generalisations rely on careful comparison of the "sending" and "receiving" contexts (Lincoln and Guba 1985). I offer a more precise discussion of the contexts to which my findings can be meaningfully transferred in my concluding chapter. It is necessary to first analyse my findings since it is only by showing how it is that the social context shapes these *particular* donors' experiences that I can identify sufficiently similar contexts where the processes and concepts I produce can also provide explanatory resources.





# Chapter Five

## Giving and Getting Back: Connections with Recipients

This chapter examines the ways in which donors talked about recipients and described their relationships to them. It seems fitting that I begin my analysis with this topic since it mirrors the starting point of many participants' narratives. Asked, "Can you tell me the story of how you became a donor?" many donors began the interview by describing the known or imagined recipient(s) of their donation. They explained that helping the recipients had been their primary (and usually sole) aim in becoming a gamete donor. Donation was conceived as an act of giving or helping and the primary relationship it therefore entailed was that between giver and receiver(s). This chapter examines the significance of this "gift" relationship for donor participants.

I first show how most donors, at various points in their interview, framed their relationship to recipients as one of social solidarity. In this way, recipients were depicted as a generalised "person in need", frequently characterised as "desperate." Donors saw themselves as comparatively fortunate, at least in fertility terms, and knowledge of their ability to help created a moral imperative to intervene. In line with this portrayal of recipients as a generalised other, donors demonstrated a commitment to equality in terms of the possible recipients of their donation. Their recipient was depicted as a "universal stranger" (Titmuss 1973), although sometimes with the caveat that they ought to be appropriately deserving of the chance to become parents. I argue that, when they talked about their donation in these ways, donors drew on a discourse of "communal giving," which they exemplified through analogies with blood donation or charity. In this way, donors presented their relationship to recipients as indirect and impersonal; their gift was part of a generalised redistributive transfer from those with plenty to those without.

However, I go on to show that many donors also talked about their relationship to recipients in more specific, personal terms – they were particularly interested in *their* recipient and the consequences of *their* gift. In this sense, the gift of gametes was framed as a “relational gift,” commensurate with Maussian theories of gift-giving – something which connects specific givers and receivers. This framing was (unsurprisingly) most dominant in the narratives of known donors, who often presented the donation as one act, embedded within a relationship where mutual giving was the norm. However, many other unknown donors, the majority egg donors, also constructed connections with their specific, though anonymous, recipient(s). For some, particularly egg share donors, these ties were linked to imagined similarity or shared experiences. Others constructed connections with recipients by imagining, and sometimes seeking information about, the impact their donation had had on their lives. Some donors were content to imagine this, whilst others (almost entirely egg donors) were interested in contacting or meeting their recipients.

However, the social-cultural contexts in which donors donated limited their ability to construct these more personal connections with recipients. The maintenance of donor/recipient anonymity by clinic staff created practical and ideological barriers to such connection-making. Some donors and clinic staff resisted anonymity, particularly in its strongest form, or questioned its necessity. However, nearly all donors, including many who already knew their recipients, described a need to limit connections with recipients in various ways. I suggest that, to some extent, this desire to limit connections can be understood as a product of organisational practices and discourses which characterise donor-recipient connections as risky. However, I also argue that we need to situate these clinic practices and discourses in their wider cultural context, specifically a cultural ideology of the “pure gift” which emphasises the importance of “letting go” of gifts, as well as an ideology of a two-parent family (see Fineman 1995; McCandless and Sheldon 2010; Wallbank 2002 discussed in Chapter Three). The desire to limit connections with recipients can therefore be

understood as a means of respecting both the norms of gift-giving and the boundaries of the recipient's family.

As becomes clear throughout the chapter, some donors (particularly known donors and egg sharers) had greater resources to draw on in order to construct personalised connections with recipients. Others (particularly sperm donors) experienced greater pressures to disconnect from their recipients. Whilst such pressures and opportunities did not entirely determine behaviour, we can see their impact in the frequency with which different "types" of donor talked about their donation as a personal, relational gift. Male donors were much *less* likely to frame their donation in this way when compared with female donors, particular egg sharers and known egg donors. This finding is important in relation to my subsequent analysis because how donors talked about their relationship to *recipients* also influenced how they talked about their relationship to *offspring* and the *wider community*.

### **Desperate recipients and the moral imperative to donate**

All the donors I interviewed imagined the suffering of recipients and empathised with their situation. Donors frequently described recipients, whether unknown or known, as "desperate" for a child. The pain and heartache of infertility and involuntary childlessness was often reflected upon and it was generally assumed that egg or sperm donation would be a last resort, having exhausted all other available options to become parents, with the exception of adoption:

Googling...I just read a lot about these kinds of things and I can understand how, unlike myself, people are desperate to have families and you think it's one of these most natural things you can do and they just can't, for whatever reason, do it. I do like to help. I'm one of these that if I can help other people I will.

(Karen, egg donor)

[Having fathered a baby who was still-born at 28 weeks] I understand for women who can't have kids as well, how they must feel...Now all these maternity wards [are] locked up, really secure places but, as I was growing up, I remember women going into hospitals and stealing babies. It used to be on news. We're looking for this woman, this baby has been stolen from so

and so. But you can understand it can get that bad for somebody to go and do this thing, and how desperate.

(Neil, known and identity-release sperm donor)

There was a gendered dimension to this desperation, with women's desires to have a child most likely to be characterised in these terms. Often references to "desperate women" were made without explanation – the characteristic infertility sufferer automatically assumed to be female. At other times, the belief that infertility caused greater suffering for women was justified through reference to a maternal or biological need to be a mother. However, such statements were often qualified during the interview with a recognition that men might also experience this longing for a child:

But I think for a female as well, maybe because...And again, I know a lot of men who are desperate to become Dads, desperate to become parents. But I think it's very much more a female need, you know, a biological need to be a Mum, to be a parent.

(Laura, known egg donor)

This desperation for a child was very often contrasted with donors' own experiences and comparative good fortune. Many commented on their own good luck in conceiving quickly and without difficulty. For some, like Hannah, whose mother had suffered recurrent miscarriages, their own fertility had been experienced as a particular blessing since they had anticipated difficulties. For Rachel, Karen and Adam, their children had not been planned and they reflected that they must therefore be particularly fertile – something they had become particularly grateful for, having learned of others' difficulties conceiving:

And I really realise that I was so lucky. I mean, I didn't even blink and I was pregnant kind of thing. Which was really unexpected. I think I thought that I was gonna have a really hard journey myself. And didn't. Kind of makes you really feel for other people.

(Hannah, known egg donor)

Both my ex and I, we both wanted kids but it just sort of happened. And initially you kind of go, oh no, and then, you know, you see all these people who are struggling to conceive and then you think well, you know actually we're quite lucky and I wouldn't go back for anything in my life. You know, she's a great kid.

(Adam, sperm donor)

Despite their own difficulties conceiving, egg share donors also contrasted their own good fortunes with those of potential recipients. Many egg sharers were donating as part of their first IVF treatment cycle. They had often been told by clinic staff that, being young (under 35) and with good ovarian reserves (indicated by their Anti-Mullerian Hormone (AMH) levels) their chances of IVF success were relatively high. In three of the five cases, male factor issues had been identified as the barrier to conception and could be treated with ICSI. They contrasted this positive outlook with the situation they imagined for recipients, of repeated and expensive failures, as well as the long waiting times to procure donated eggs:

The waiting list [for donated eggs] is huge. Even if you've got ten grand to blow on treatment, you can't go and do it next month or in six months' time. You know, you don't know how long you're gonna be waiting. So there are people who just wait years and years and years and it must be heart-breaking.

(Bridget, egg share donor)

'Cos like, oh my God, what that couple would have gone through, I mean I know what *I* went through and they'll have gone through more than that.

(Olivia, egg share donor, original emphasis)

Several of the donors, mostly egg donors, presented the inability to have a child as the ultimate misfortune. Whist they recognised that in other ways, such as financially, they might be less fortunate than potential recipients, they presented themselves as luckier in this, for them, far more significant sense:

Because we'd been so fortunate. I mean there's so few women that walk into a clinic and get pregnant straight away. You know, I was so... Actually I feel quite emotional [voice breaking] about it now. You just hear so many people's shit stories. You just think fucking hell, how lucky was I? So, so it was kind of tinged with sadness that it hadn't worked for [recipient]. But, at the same time, you know, we were like fuck! We've gone from ten years of being together with having no children to having three in three years. So it was quite a full on. But yeah you really feel, you really do. I've got a real strong feeling that you know women just shouldn't leave it so long. They shouldn't go for all the shit trappings of a material life if what they come down to wanting is, you know, they just shouldn't leave it. And I think there's so many women that do just leave it.

(Nina, known egg share donor, original emphasis)

Not all donors had necessarily experienced strong desires to become parents themselves. However, this was not conceived as a barrier to understanding, and sympathising with, the desperation of potential recipients. Zara, for example, had made a firm decision not to have children of her own. However, she reflected on her desire *not* to have children in order to empathise with others' desires *to* have children. Knowing how strongly she felt about remaining childless, she imagined that recipients must feel equally strongly about becoming parents. In this sense, she was fortunate in comparison to recipients because her body was no barrier to fulfilling her wishes:

It doesn't seem fair that some people can be perfectly fertile and have no desire for children and other people have often quite crippling child hunger and have no ability to have children of their own. Would be nice if the body and mind matched up.

(Zara, egg donor)

The characterisation of recipients as desperate and themselves as comparatively fortunate created a moral imperative for donors to donate. Mirroring Orobitch and Salazar's (2005) findings on egg donation in Spain, participants, particularly egg donors, often explained that they had "spare" of something that other people desperately needed. It was therefore clear to them that they should try to help by sharing their surplus with those who could make use of it. Donors commonly made analogies with giving blood or donating unwanted items to charity:

I just thought that you know I've got these things in my body that I'm not making any use of. I'm not even aware that they're there and there's surely people out there that could make use of them, I suppose it's just like anything you're going to throw out. You think, oh don't throw it out. Put it in the charity shop or somewhere where people can make good use of it. So that, that was it really. That's how it came about for me.

(Karen, egg donor)

Faye drew on her political beliefs and identity as a Labour voter to explain why donating was the right thing to do in her situation – if others were in need, whilst you had plenty, you had an obligation to help:

Well you know, I'm a socialist. I wouldn't sit with a bowl of soup if somebody sitting next to me's got nothing. I would absolutely share it.  
(Faye, egg share donor)

Like Eve below, egg donors commonly drew on their decision not to have any more children in order to classify their eggs as spare and therefore themselves as having more than they needed. Once classified in this way, they did not want them to go to waste (to be “flushed down the toilet” every month, as some put it), if they could instead be put to good use:

I'd already had my two [children] so I just kind of thought. To me it's just kind of giving blood. Something I've got spare of so if other people can use them then why not.  
(Eve, egg donor)

John classified his donated gametes as “spare” in a different way. He had previously taken part in a research trial for the male contraceptive pill which had stopped his sperm production for a limited period of time. He explained, by donating, he had been able to make use of the “extra” sperm he therefore had, having not produced any for that research period. I suspect that John did not necessarily know or believe that having stopped sperm production for a given time that he would produce more sperm in the following year or over his lifetime. Instead, I suggest it is an experience he is drawing on to construct “extra” for narrative purposes and that he enjoyed the symmetry of these two attempts to help others:

I'd taken part in a trial aiming to *stop* sperm production. So being able to do something with the extra was something...You know you can give something usefully back in. Knowing people who had had difficulty conceiving and thinking in some way you could assist in that whole side of, that whole world that we will never be part of, we'll never see. Because we were able to conceive so easily that it seems daft that there are people out there that can't conceive and have real difficulty conceiving.  
(John, sperm donor, original emphasis)



In these ways, donors constructed their gametes as “surplus.” The knowledge that they had extra, whilst others were in need, created a moral imperative for donors to donate.

### **The (almost) universal stranger: deserving and underserving recipients**

Extreme longing for a child was generally the *only* defining feature of recipients, in the eyes of donors. Other than this unifying attribute, donors generally imagined that recipients could (and should) be from all different walks of life. In this way, they depicted their donations as gifts to “universal strangers,” comparable to Titmuss’ (1973) vision of anonymous blood donation systems. The vast majority of donor participants were happy for their donation to be given to women and/or couples of any ethnicity or sexuality, and single women as well as those in relationships. For Rob, the knowledge that his recipients were from diverse backgrounds was something he actively celebrated:

R: I’ve got, there’s three children at the moment. I think it’s two girls and a boy. And then, one’s to one lady, one’s to a heterosexual couple and one’s to a gay couple.

LG: Oh right so you’ve got one lesbian couple, one....

R: I’ve covered all of them haven’t I?

R: [Coming back to this topic later in the interview) But it was interesting as well, I realised that every sort of dimension had a family. I was like, that’s pretty cool. You know, ‘cos I’m quite open and you know I’m also within that sort of demographic [identifies as gay]. I quite like that.

(Rob, sperm donor)

But it would just be so nice to know that it was somebody who you know really, you know desperately wanted to have a child. To be honest, I couldn’t care less whether they were gay, straight, bisexual, whatever. Black, white, ginger, I don’t really. You know what I mean?

(Yasmin, egg share donor)

HFEA donor consent forms provide donors with the opportunity to restrict their donation to particular categories of recipients or, in the case of known donors, to a particular person. This section of the form is blank and donors can theoretically write down any restrictions they wish (though clinics are not obliged to accept them if they consider their restrictions unethical or impractical). However, support to conceive

was generally seen as a universal right and the vast majority of donors rejected the option to restrict their donation, on moral grounds. They did not think it was right for them to decide who would and would not be helped:

LG: Did you put any restrictions on it?

I: No. How could you?! How could you? To imagine the pain of somebody wanting a kid and not being able to have a kid, and I would choose. How? It's nothing to do with me. I'm not God. I'm not God.

(Ian, sperm donor)

There were some exceptions to this belief in universal entitlement. Two donors did place restrictions on their potential recipients. Although their specific restrictions were different, they both justified their decisions by defining deserving recipients as those for whom infertility was less “chosen” and who they imagined would make good parents. Liam had decided to restrict his donations to heterosexual couples. His initial explanations centred on a distinction between “biological” and “social” infertility. He imagined heterosexual couples to be people (like his own adoptive parents) who had suffered a strictly “biological” misfortune which left them unable to conceive. Their infertility was characterised as given and unchosen. In contrast, the infertility experienced by same-sex couples and single women was seen to contain an element of choice (although he did recognise that the choices of such persons were limited). Although he admitted that there would be real difficulties in actually doing so, he felt that, in theory, lesbian women could find a man with whom they could conceive without donor assistance. Notably, Liam does not consider the possibility that women in heterosexual relationships might equally overcome male factor barriers to conception by selecting an alternative sexual partner for the purposes of reproduction. Despite his problematic logic, it is through reference to “choice” that he characterises heterosexual couples as being in greater need, and therefore more deserving, of his help:

Okay as a donor, who do you want to help? And of course they would very much like you to also help homosexual couples. And that's something I couldn't bring myself to do. 'Cos it's a case of, hang on a minute, why are we helping these people again? You know, it's a case of, is there anything wrong with their biology? No? So reproductively everything functions as is? Yep. Then why arghhh. That's where the thought process falls down. I mean there's a bit of me says, no, no no, no, don't be xenophobic, don't be

homophobic. Don't be phobic! It conflicts with that. 'Cos there's a part of me going, how does this sit? And it does come down to trying to boil it down to, yes 'cos there's plenty of information where yeah these people irrespective of how they are, who they are, and what they believed and feel and do, yeah they make perfectly good parents. On both sides of the coin, no matter what orientation you want to choose. Good. Me as a person though? I can't square helping because, is there anything wrong with the biology there? No. Then technically you don't need my help.

(Liam, sperm donor)

As Liam continued, he also began to explain his decision through reference to the needs of the potential child conceived. He accepted that there would be no difference between heterosexual and same-sex couples' parenting skills but he felt that the child might experience stigma attached to being the child of lesbian parents. Although he acknowledged that attitudes might change in time, Liam felt that being donor-conceived might already be stigmatised and so by restricting his donations to heterosexual couples, he hoped that the child might have at least "a chance at normality."

So in a case like that [same-sex couple with donor-conceived child], how can you have normality there? So here is my Mum and here is my Mum. Yeah they've got the ginger hair [from me] as well, they're just gonna have the bullies lining up to make their life hell. Anyway. Or maybe not. Maybe this is just my fear from it. Because as I say, we want society to evolve. And what we batted an eyelid about in the past, now we couldn't care less about.

(Liam, sperm donor)

The only other donor to impose restrictions was Faye. In explaining her decision, she expressed a desire to give to deserving recipients who would raise the child in a healthy environment. Specifically, she was concerned about her eggs being used by recipients who were smokers and women over the age of 50. The possibility of older or smoking parents conflicted with her hope that the children conceived from her donation would be raised in a healthy and active environment. Faye valued health highly, was very active and ate well. For her, "smoker" was an identity and she associated smoking with inactive and generally unhealthy lifestyles which she imagined would be passed on to any children conceived in that environment. She acknowledged that, in doing so, she was perhaps stereotyping people who smoked

but, in her experience, smoking was associated with negative character traits, such as selfishness or failing to value life and health.

I think it's just if people are, I value health so highly. It's, you're given a gift of life, just as when you come into the world, your gift is that you've got this life. And I feel that smokers just are squandering that gift.

I've got this perception that smokers. Smokers, like I remember when the smoking ban came in and it was absolute outrage that they had been penalised in this way. What about for us, being penalised for all those other years? Smoking all those years, stinking of cigarettes. You had no consideration for us. Yeah so I think probably they're quite selfish as well. Okay. And I had to write that down [laughs]!

(Faye, egg share donor)

As with Liam's explanation, the concept of choice appears to have guided Faye's decision-making as to who would be deserving. Faye spontaneously stated that she did *not* restrict her donation on the basis of the recipient's BMI. She was aware that recipients who were obese might not be best placed to fulfil her hopes of an active and healthy childhood for any person conceived. However, having worked as a dietician, she was aware that being overweight might not be the result of a straightforward "choice" to overeat and that people's behaviour and weight gain might be a result of complex reasons, which were not the "fault" of overweight people:

F: I didn't stipulate that I wanted a particular body mass index or anything like that.

LG: Was that something you saw as being different to the smoking? Or the age thing?

F: Erm I worked, I'm a dietician and my case load was clinical, it was obesity. And I met lovely people who were overweight. They're overweight for different reasons. So I would never judge somebody on their weight. So I don't think it ever. I think I probably would accept that you know some people are overweight not just purely because they're sitting down and eating too much. It can often be a psychological thing. It might have been the fact that they've never been able to have children.

(Faye, egg share donor)

Although only Liam and Faye placed restrictions on their donation, they were not the only donors to express concerns about their donation being used by inappropriate or undeserving recipients. Several donors raised concerns about their donation being

used by people who would not care for their children properly, who might harm or abuse them. Often these concerns had an implicit or explicit class dimension to them with such behaviour being associated with those from particular areas, known for high levels of social deprivation:

As long as it's not your average mob from like [city housing estate associated with social deprivation], swaggering in with their Buckfast<sup>8</sup>, wanting babies or something. Kind of draw the line at that... 'Cos everybody should be entitled to have children, as long as it's not going to somebody who... They obviously wouldn't allow, kind of, I would imagine junkies or alcoholics or unstable people or things like that to go through the procedure. You know, and I think that's quite right 'cos I don't think they're able to bring up a child properly as far as I'm concerned.

(Rachel, egg donor)

They've wanted to have a family and so. And how they bring up that family is to their standard. Everyone's very different aren't they? You go round the shops and you see kids sometimes drinking coke from a little teat bottle. And it's like, what on earth are they doing? You know, it's just your own moral standings.

(Rob, sperm donor)

Usually donors' concerns were alleviated by their assumption that such persons would be unlikely to pursue parenthood via assisted reproduction (particularly given the often substantial expense) and that, if they did, clinic procedures would ensure such persons were screened out. Rob, for example, described some initial concerns about whether any donor-conceived children might end up in the "care system" or suffer abuse. However, as he put it, he "answered [his] own feelings" by reminding himself that this would not be an "unwanted child" conceived accidentally "one drunken night," it would have taken hard work to conceive via the clinic. In the extract below, Daniel is similarly reassured by the stringent screening procedures which he was subject to as a donor, as well as the cost of treatment, that recipients would not be having children "for the sake of it."

D: I can't remember when it came up but they did say, I think it was [counsellor] was saying that the clinic has a right of care to where the child goes. If that makes sense? Which is quite nice. Which is nice to know that

---

<sup>8</sup> Buckfast is a fortified wine popular in Scotland and, in public discourses and media representations, widely associated with anti-social behaviour.

it's not gonna go into family which is having a child for the sake of it. But then again Greenview's not a place where you would go just for, just for the sake of it. Which I think again is a nice thing.

LG: It's a lot of money.

D: It's a lot of money and the way I've read the price list, I would be quite, I don't think I could afford to go there myself if I wanted the help. But I think that's the nice thing about Greenview as well. They're aware, there's so many screening processes, even with myself, there's so many screenings with my bloods etc, my background, sort of who I am.

(Daniel, sperm donor)

In the extracts I have discussed thus far, donors depicted their donations as a communal gift and their connection to recipients as one of shared community; they were all part of the same society in which some people needed (and deserved) help and some were able to offer it. In fertility terms, donors were the “haves” and recipients the “have-nots”. This framing of gamete donation is reminiscent of Titmuss’ (1973) view of anonymous blood donation as an action which both reflects and maintains social solidarity, indeed many of my donor interviewees made analogies with blood donation. By framing their donations in this way, donors constructed a relationship with recipients which was indirect – they were connected via shared membership of the community, a generalised sense of social solidarity (much as Titmuss described). This is emphasised via the conception of their recipient as a “universal stranger,” or at least a deserving universal stranger.

### **Personalised relational gifts**

Although adoption of a communal gift discourse was common amongst all donors, it was more or less dominant in different narratives. Many donors also talked about their relationship to recipients as something more direct, a connection between them and *their* specific (though perhaps anonymous) recipient(s). However, for reasons I will suggest, describing this more personal connection, and indeed talking at length about their recipients, was much more common amongst egg donors than sperm donors.

## **Gifts embedded in existing relationships**

One reason for this gender pattern was the fact the vast majority of known donors were egg donors, including all those who had donated to family members. Although, this does not, in itself, explain the tendency for female donors to talk about their relationship to recipients in more personal terms. Known donors commonly expressed the idea that their donation was embedded in a relationship in which mutual giving was the norm. For these donors, giving was generally presented as an enactment of their existing relationship. This is reflected in the words of known egg donors when they explained that donating was such a “normal” and obvious response to their sister’s or friend’s suffering. As Laura said, in the context of her friendship with the recipient, she “couldn’t not have done it.” These sentiments mirror those reported by known organ donors in previous studies (Sanner 2003; Gill and Lowes 2008).

In the context of existing relationships, donation was often conceived as a joint project rather than a one-off gift. By this I mean that donors intended to work with the recipient(s) to achieve their aim of having a child rather than simply to give them a one-time donation. They often expressed a willingness to try again if the first donation was unsuccessful and, in Anna’s case, this is exactly what she did – with the result of a successful pregnancy on the second try:

I said to [recipient] when it happened, we do this till it works. We’re in it for the long haul. I’m not just gonna walk away and let you down  
(Anna, anonymous and known egg donor)

This sense of donation as a joint project was also reflected in the way that known donors and recipients tended to approach the donation process. Recipients nearly always offered, and generally did, accompany known egg donors to the clinic for each visit. For Anna, having that support and partnership throughout the process was an advantage of donating to someone she knew rather than to her previous anonymous recipients. Known recipients and donors, and usually their respective partners, normally attended joint counselling sessions and also talked through the

donation and various related issues (such as disclosure and potential risks) as a group, outwith the clinic:

And then obviously we had various conversations from then on about actually how it works and the legalities of it, the best methods to go about doing it. Which was: bottle of wine, figured it out!

(Tom, known sperm donor)

But [recipient] came with me to all my appointments. And I liked that. When I did it anonymously, there was nobody there with me. And it's quite a lonely process. And the nurses and that are nice but it's not the same as having another woman there. Do you know? And it was nice at Hillbrook 'cos the other thing they did that I thought was nice, they let her go in the egg room, the egg collection room... So she's seen the eggs been collected. She's seen them from the start. And I thought that was nice. Do you know what I mean? And she looked after me. And she took me up to all my appointments. And we had lunch. Do you know what I meant? And it was nice. It really was, really nice. So that was the nice side of it, you know, we went together. I kept saying to her, people think we're gay [laughing]. But it was nice. It was really nice, having a bit of support there, from another woman, is better than a man.

(Anna, known and anonymous egg donor)

Women who had donated to their sisters often emphasised the norm of mutual giving in families generally, and their families in particular. They explained, it was expected and “natural” that family members would help each other whenever possible. Maya used the example of her Aunt's kidney donation to her cousin, as well as her own upbringing, to illustrate:

I think maybe 'cos we're quite a close family. It's [donating's] just the sort of thing we would do. I mean, my Dad would do anything to help us out. So would my Mum. I think we've just grown up with that as well. It's your brother, your sister, you do whatever you can to help them. It's not like, we'll remember *I* did that for you, *you* have to do that for me. It's just the way we feel. It's a natural thing. So I don't know if it's just that.

(Maya, known egg donor, original emphasis)

Grace spoke at length about her own cultural background and upbringing in Nigeria in order to explain her expectation of familial giving and, again, the normality of her decision to donate eggs to her sister. She explains that her husband found the donation problematic, in part, because his own cultural background (he is Finnish) was so dissimilar in this respect. Interestingly, having lived in all three countries,



Grace believed that Scottish family norms were more akin to those she had grown up with in Nigeria than those she had observed and experienced in Finland:

We were brought up in Nigeria...Well we were very very close as a family and we were used to giving and receiving from each other. So it's part of the culture....

The extended family is very strong, you know, in my culture. While the Finish culture, it's almost non-existent because...The Scottish culture here is totally different. It's closer to my culture because you get parents looking after their kids, teenage girls having babies and just hand over the babies to their Mums. You can't do that in Finland. You are totally on your own. If you like get pregnant at fifteen, that's your problem. Most mothers would not do that because their culture has taught them not to look at life in a different way. You know, to give a certain percentage of their life to their child and then the rest for themselves. So the family, extended family system there is truncated at some point.

(Grace, known egg donor)

### **Connecting through shared experience or imagined similarity**

Another likely cause of egg donors' greater tendency to talk more about their specific recipient was the synchronicity of female donors' and recipients' treatment. Egg donors were aware that in order for them to begin the process of donation, they needed to be "matched" with (usually just one) recipient and their treatment schedules managed so that the recipient would be ready to have the fertilised egg implanted shortly after the egg retrieval process was completed. In contrast, male donors were aware that their donations would be frozen and stored for six months before they would be available for use in treatment and, legally, they might be used by up to ten families.<sup>9</sup> For some women, knowledge of one-to-one synchronous procedures fuelled their imagination about the recipient's concurrent experiences and perhaps heightened a sense of their own actions impacting the lives of particular others:

LG: This is maybe a weird question but did you think of yourself as donating to the clinic or to these particular women?

R: Erm to the women. Always. I drove my boyfriend mad with it all. Oh, this woman, what if she's been told, that's me on the injections? She's been told that's me on the injections. Do you think she knows I'm coming in

---

<sup>9</sup> Sperm donors have the opportunity to restrict this number further but none of my participants opted to do so.

today for the retrieval? You know, it was very much about the woman who was getting it. 'Cos if it was me in that situation that couldn't have children, and I knew somebody was gonna donate eggs to me, I would just be going mad, wondering how it was going and what she was doing and wanting to check in with her

(Rachel, egg donor)

You knew at some point later that day, the other couple would come in and then the husband. Maybe the other couple wouldn't come in but the husband definitely had to be there to provide a fresh sperm sample. So that they could do their part of the fertilisation. And kind of, some of me was a little bit curious, but not curious enough to hang around or anything or stalk anybody. I just thought they're gonna be doing that as well. And they're gonna be pleased that they're gonna have six or five opportunities.

(Faye, egg share donor)

Women who had donated via an egg sharing scheme often drew on their own experience of the treatment process and its outcomes to imagine how recipients might feel at different stages of the process, particularly finding out about the outcome. These women, who had had IVF themselves, knew how anxious they had been waiting to find out, how elated they had been when they conceived and, like Olivia, how disappointed they had been when their first attempt had not worked. Egg share donors were therefore particularly likely to draw on this presumed shared experience in order to empathise with recipients during and after the donation. Often egg share donors' narratives contained a real sense of lives played out in parallel:

And also we had [son]. So after having a success, you're hoping, you're really hoping that they, that it worked for them. And I did, I contacted the clinic after [son] was born and when we were ready to try again saying, that if the couple who had the success wanted a sibling, that it is something, you know, that we could discuss 'cos we're doing our second round.

(Bridget, egg share donor)

But when it doesn't work you do feel a bit like a wee bit deflated for them. 'Cos like, oh my God, what that couple would have gone through. I mean I know what I went through and they'll have gone through more than that.

(Olivia, egg share donor)

Sometimes non-patient donors drew on their own experience of pregnancy or early parenthood in order to imagine how *their* recipients might feel at a particular point in their journey (as opposed to drawing on this experience in order to empathise more

generally with the desire to become parents). For example, Rachel, who suffered from an autoimmune disorder and was therefore worried throughout her own pregnancy about the risk of still-birth and miscarriage, imagined that recipients, having waited so long and perhaps suffered many disappointments en route, might also be particularly worried about miscarrying:

‘Cos I was very much like that, I just couldn’t breathe the whole way through it. I was so terrified. Especially ‘cos of the Graves disease, you’ve got higher risk of still birth as well. So I always thought, if I don’t miscarry, I’m gonna have a still birth. I just convinced myself. And I couldn’t enjoy my pregnancy ‘cos I was so busy worrying. So when he did finally come out, I felt like I could breathe again, you know [laughs]. So I can imagine it would be only ten times worse for them. I can totally get it.

(Rachel, egg donor)

Donors were usually aware that the clinic would try to match them with a recipient(s) who resembled them physically. In fact, this process is fairly limited. Given the relative shortage of donors, matching is usually based on very basic characteristics, such as hair, eye and skin colour. However, as in the extracts below, some of the egg donors imagined that, should they meet, they might recognise this similarity between themselves and the recipient. In reality, it is unlikely that these donors could have picked out their recipients amongst other clinic-goers since they had no physical features which would have distinguished them from many of the women and couples in the waiting room on this basis.<sup>10</sup> However, regardless of whether recognition would be possible or not, for some donors, knowledge of the matching process fuelled their imagination about who these recipients might be:

---

<sup>10</sup> These two donors are both white with brown-blond hair. A donor from an ethnic minority background or perhaps a donor with red hair might have had a greater chance of identifying their recipient in this way since there would have been fewer patients in the clinic who resembled them on the basis of these basic categories

R: And it would be good to see how much we maybe resemble each other. 'Cos they do try and match up women that look alike.  
LG: Yeah. Not just with the child but with each other.  
R: Yeah so it would be funny to see. You know, so it'd be funny to see what they matched us up with. Just out of curiosity. We'd be looking at each other and would we totally get it? Oh yeah I totally get why they matched us, you know, we are very alike. Or would it be totally random. It would just be interesting to see

(Rachel, egg donor)

O: But all they said was that they'd match you to your kind of...  
LG: Kind of what you looked like?  
O: Yeah kind of what you looked like. I used to sit, if I was in the Greenview, sitting in the waiting room thinking, are they getting my eggs? Are they getting my eggs? It was curiosity.

(Olivia, egg share donor)

### **Constructing connections through gift-giving**

For many donors, the process of giving gametes created a symbolic link between their life and the recipient's. They knew that their actions would impact on others' lives and they hoped that recipients would now feel a sense of completeness, having achieved the family they so wanted. Many donors felt a sense of satisfaction or achievement in imagining the consequences of their donation for recipient(s). Donors drew on various experiences and knowledge in order to imagine the happiness of their recipients. Some, like Faye, knew others who had or were experiencing infertility and had seen or imagined the impact becoming parents would have for them. Others, like Daniel, had read magazine articles and online texts discussing infertility and others' success stories:

But you just think of what you've done, that you've given happiness to a family and you know that child's wanted and loved... But you just know you're gonna do somebody a world of good.

(Daniel, sperm donor)

And I know that good people like my friend, would be so grateful, so happy, so glad that somebody else had done that. Then that would be a great gift to give to somebody. 'Cos there's nothing better than seeing like delight on somebody else's face. I would never see that delight but I would know that it would happen.

(Faye, egg share donor)

For some donors, like Faye, it was enough simply to imagine the impact her donation would have for her recipient(s). However, many other donors sought further information about the consequences of their donation. Most of the donors interviewed had contacted the clinic to find out if any children had been born as a result of their donation. In almost all cases where donors offered a reason for this decision, they explained that they had wanted to know if their actions had been worthwhile, whether they had been successful in helping another as they had intended. In this sense, their desire to find out if a child had been born was about whether they had helped someone else become a parent, rather than about whether they themselves had become “donor parents.” This information was significant to them primarily as a means of finding out whether they had helped the recipient or not. Where the donation had been successful, donors felt a greater sense of satisfaction at the imagined happiness of the recipients and were often disappointed for the recipients if they learned that it had been unsuccessful:

It's like a wee sense of achievement as well that this has happened. I'm glad to have been a part of it to be able to help somebody. I said to the staff at the ACU that I would like to know all the way along, how things go with retrieval, if the woman gets pregnant how it goes, if she's successful, if she has a successful pregnancy and delivers and.....I felt like I was pestering them for a while, I thought she must be due, she must be due, But then I did get word back finally that she's had a boy in October so I was really pleased. I thought great. It's just another thing. Oh I was able to help somebody. And it's not just helping somebody by carrying their shopping. It's giving them something they really want.

(Karen, egg donor)

On occasion, donors felt they had been given additional hints about the recipients and/or the consequences of their donation. This information was highly valued. These further details heightened donors' sense of achievement or emotional reward. As we saw earlier in the chapter, Rob was pleased to discover that his donation had helped to create families for heterosexual and lesbian couples, as well as one single woman. Liam was also delighted to find out that his recipients were planning siblings. This information seems to support his image of a happy family life for *his* recipients.

L: But in the way they speak there is an indication that some of these families might want there to be a little brother or sister. So of course to keep consistency, you come back and you use the same source, so to speak. So that there is genetic cohesion. So that's kind of cool.

LG: What made you think that? Did they actually just say, oh they probably want a brother or sister?

L: Yeah. It was. It was one of those throw away phrases in the sentence and it just makes you go, hang on, thank you for the hint. That's brilliant. It doesn't give you any specifics. But it's like [gasps] yes! They will have siblings and they can go forth and cause havoc and chaos and have fun which will be brilliant.

(Liam, sperm donor)

Several donors were interested in enacting this symbolic link they felt with the recipients of their donation, forming a more "real life" relationship. Five unknown egg donors and one sperm donor (Daniel) expressed an interest in meeting their recipients, if that was something they were also open to, and would have valued other forms of contact, such as a letter or a message passed through the clinic. Again, this more personal connection was imagined to be pleasurable because they could gain a real insight into how their donation had helped their specific recipient(s). In this sense, meeting or hearing from recipients could be seen as a form of symbolic reciprocation for the gift they had given. However, we might also understand donors' desires as a means of narrative building or completing their own donation story. They were curious about the particular consequences of their actions but they were also interested in the recipients' backstory – what had led them to use donated eggs? How long had they been trying?

LG: Would you actually like if you knew who the recipients were?

Y: Yeah I think that would be wonderful. Because I think mainly because the reason we're doing it is from an emotional side of things, you want to help somebody. I think it'd be wonderful to. I think it's exactly the same as when families want to meet, you know when the person who's received an organ donation, wants to meet the family who lost their loved one. It's like that's the same for me. I want to know. I'd find it far more. It doesn't necessarily need to be a friend or anything but to know who they are I think would be wonderful because you could really say, oh *this* is where it's going to.

(Yasmin, egg share donor, original emphasis)

I mean, I would like the contact. Just for, if the recipient would want to say, aw just fire me a wee email saying, aw I've had a great day. I'm feeling fantastic. I'm eight months, I've only got so long to go. I'm having a boy,

that kind of thing. And then if they wanted to give me a wee update every now and again it would be nice to know, that's all. Not 'cos I've got a huge desire to be part of their lives but just that I would find it interesting that it's something I've helped with.

Well I think, I wonder if they would want to meet. 'Cos I'd be delighted to meet them. I think it would be really nice. They could get me a coffee and a cake and everything [laughing]. It'd be nice.

(Karen, egg donor)

For one egg donor, Sarah, the desire to contextualise and personalise her donation had led her to find her own recipient via an internet forum. In contrast to those donors I classify as “known,” she had made a decision to donate her eggs prior to finding a recipient. She then had only limited contact with the woman, sending messages online. However, it was enough to find out her reasons for seeking a donor and therefore offer the personal context that Sarah was looking for:

S: I ended up – not a very orthodox sort of route really – ended up going on a forum and looking for women that wanted egg donors. And I came across one woman in the area. We'd never met but we e-mailed each other. So she said, if you could be a donor that would be amazing..... She was in her mid-thirties, and her and her partner had been trying for a long time, and I think she had endometriosis, and it was just the only way she could have a child is through donated eggs.

LG: So did you donate directly to her?

S: Yeah.

LG: All right. So did you contact the clinic and then find this person afterwards on the forums or...?

S: I can't remember how I did it. I think – it's all a bit blurred now – I think I found her and then it kind of felt a bit more personal rather than it just being anyone.

LG: And was that important to you?

S: In a way, I suppose, yeah. I just wanted to imagine someone, and I wanted to know how much they wanted it. So that was helpful for me.

(Sarah, egg donor)

All of the donors discussed in this section constructed their donation as a gift which created an ongoing connection with recipients. Imagining the recipients not only motivated donors' *initial* decision to donate, but the process of giving created a *continued* link with these persons. Some sought to personalise this imagined connection by seeking further information about recipients and the outcomes of their donation. Others were interested in building a more tangible relationship with

recipients based on their gift and their, now intertwined, life-stories. As with Maussian understandings of the gift exchange (Mauss 1990; Carrier 1990), these gifts were seen to be constructive of social ties between persons.

As detailed in Chapter Three, for Mauss, one way in which gifts produce ties between persons is by setting in train chains of obligations to receive and reciprocate. In line with this theory, several donors expressed a belief that recipients *might* wish to reciprocate in some way for the gift they had given and a few had experienced a return gift of some kind. For most donors, the possibility or experience of reciprocation in some form, whether as a material gift or a message of thanks, was valued highly and taken as recognition and appreciation of their actions. However, donors were usually keen to state that they had not *expected* or needed any form of reciprocation. This qualification perhaps reflects an alternative cultural imperative with regard to gift-giving in Western capitalist societies; as detailed in Chapter Three, gifts are seen as “purer”, better gifts, when the donor does not acknowledge its having been given and expects no acknowledgement from the recipient (J. Parry 1986; Laidlaw 2000):

I just thought it might have been nice to hear something from them like a wee card saying...You know maybe a wee thank you card and a wee picture. I think that might have been just a nice wee gesture. But as I said, it's not something I would expect I just think it may be nice you know.

(Karen, egg donor)

D: I initially got flowers the day after my donation from the clinic as a thank you and then yes, later on, flowers via the clinic from the recipient as well.

LG: I see. What was that like both of those things?

D: It's little things. It's just that sort of feeling appreciated.

LG: I suppose it's hard to know but did that in any way feed into doing it again?

D: Not for me personally but it's just a nice... it is it's the act of being recognized that's the thing. It doesn't matter what it costs. Someone's put the thought in to do that.

(Debbie, egg donor)

These extracts are consistent with a Maussian model of reciprocation in which giving back creates ties and ongoing relationships, rather than breaks them. It could be



argued that reciprocation is a means of “paying back” donors and therefore divesting recipients of ongoing obligations and achieving a sense of closure. However, there is no evidence in my own data that donors saw reciprocation from recipients as means of paying them back in some way for their donation, of gaining some sense of conclusion, nor that they desired this. Donors did not expect or want expensive return gifts. These gestures were valued as acts of recognition and appreciation of their action and donors often emphasised the time and effort that had gone into them. For example, Anna appreciated that her recipient had bought her twelve sunflowers (her favourite flower) to thank her for the twelve eggs she had donated. Donors therefore valued these gifts as signs that the recipients were thinking of them just as they had been thinking of the recipient – that they too experienced this connection or link. In this way, reciprocation was a means of continuing rather than concluding the relationship.

Several donors expressed a desire to give a further gift to recipients, other than their donation. Again, these gifts seem to have been proposed as a means of building or expressing the imagined connection they felt with their recipient(s). For Anna, it was perhaps an act of reciprocation for the return gift she has experienced. However, as Bridget and Karen described (and as I discuss further in the next section), there were practical and social barriers to making these gifts and reaching out to recipients in this way:

I asked about leaving flowers out or leaving a note or something. And [the clinic were] like, sorry.

(Bridget, egg share donor)

I'd be happy to meet them, to write to them. I think it would be great. I would love to. I wanted to send a card and a wee Babygro when the baby was born but I, I didn't know how to go about that. I thought it might be a bit awkward so I just erm... So I didn't but...

(Karen, egg donor)

And the second time she bought me a like an orange bucket for plants 'cos I love plants, to plant sunflowers in the garden as well. So it was nice. But I says to her, I want to be able to buy him something as well that he can keep. So I bought him a wee duck bank and stuff.

(Anna, anonymous and known egg donor)

Research on organ donation, has suggested that recipients might feel indebted to donors in ways that could be problematic for the relationship between donor and recipient (Fox and Swazey 2002; Scheper-Hughes 2007). I did not interview recipients and so am reliant on known donors' perceptions of their feelings. However, donors' narratives suggest that recipients did feel some sense of obligation, or at least a desire, to reciprocate in some way and demonstrate their appreciation. This is demonstrated by the fact that the majority of known donors received gifts from their recipients, ranging from a night in a "fancy" hotel to jewellery and flowers. Whether this desire to reciprocate was experienced as problematic is difficult to ascertain from donors' perspectives. However, most known donors reported that their relationships with their recipients had now returned to their normal, pre-donation form:

And then it just went back into being our friends. And I remember we had, we were somewhere in some God-forsaken place but we had hidden a bottle of bubbly somewhere. And then they phoned when she was born. And that was just a normal like celebration of our friend had a baby that were so desperate to have a baby.

(Hannah, known egg donor)

Obviously we, we've got this closeness. But it [relationship with recipient] is the same. It's very much the same. Nothing's changed at all. Absolutely nothing.

(Laura, known egg donor)

Grace and Anna both spoke about their recipient's gratitude in ways that suggested it might be experienced as indebtedness. However, there was no suggestion that these feelings had caused any difficulties in their relationship. Grace and her sister remained close and Anna and her recipient remained friends who met up occasionally, just as they had been before. Both Anna and Grace expressed a desire to relieve their recipients of any indebtedness and this may explain the tendency for all donors, but particularly known donors, to play down the impact donating had had on their own life and health:

LG: Do you notice a difference in your relationship?

G: In her I notice, her attitude. A difference in her attitude, yes.

LG: What do you mean?

G: She's more closer. She's making a lot of sacrifices for me that she would normally not do before. Or she would do it but grudgingly. But now it's so easy for her and she just says, oh Grace, don't worry, I'll do it for you. Don't worry, I'll do it, you know. Like there's not boundaries any more. She just does those things and I feel it's because of the egg donation sometimes. I feel sometimes she's just so happy and so grateful that she has [daughter] in her life.....

LG: How do you feel when you notice that?

G: I'm enjoying it. Seriously [laughing]. To tell you the truth, I'm enjoying it. I won't complain [laughing]. But I was thinking about talking to her about it. She shouldn't do things like she feels indebted to me. 'Cos she's not indebted to me. I wanted to do it. And I did it. I didn't do it because I was expecting anything back.

(Grace, known egg donor)

And she keeps saying to me, I owe you everything. No you don't. You *so don't*. Do you know what I mean? No. I do. No, you don't, you don't..

(Anna, anonymous and known egg donor, original emphasis)

### **Limiting relational gifts: organisational practices**

The extent to which donors were able to construct their donations as relational gifts, connecting them to specific recipients, was limited both by organisational practices and wider cultural beliefs about the risks of gift giving. The organisational practice of anonymity most obviously created *practical* boundaries which limited donors' connection-making but I will argue that such practices also reinforced wider cultural norms and beliefs about the risks of relational gift-giving. The way gamete donation was practiced and discussed in the clinic sent the message that connections between donors and recipients could be problematic and were best avoided.

The most obvious way in which donors were constrained in constructing relationships with their recipients was through the anonymity of the system. If they did not already know their recipient, donors were normally unable to find out any information about them or communicate directly with them. Maintaining anonymity was an active and everyday practice of clinic staff. As one nurse explained, they had to "box clever" to ensure that donors and recipients were not in the waiting room at

the same time. This, the nurses told me, was particularly challenging in cases of egg donation because the treatment of donors and recipients needed to be synchronised. For some staff, the maintenance of anonymity also foreclosed the possibility of indirect communication. This would seem to be the reason why Bridget, quoted in the preceding section, was prevented from sending a gift and message to her recipient.

The main reason that clinic staff gave for maintaining anonymity was simply that it was procedure. As a senior nurse at Greenview explained:

It's anonymous donation so it's anonymous as far as I'm concerned. I anonymise everything. From the clinic point of view, we anonymise it because it's anonymous and they've got the chance to keep it anonymous.

(Rebecca, nurse, Greenview)

However, when pressed further, some explained that limiting connections with recipients was necessary or preferable in order to avoid emotional complications of more personal relationships. Although nurses, in particular, often recognised that donors might take pleasure in finding out more about the recipient and the consequences of their donation, they explained that sharing such information might also have a negative emotional impact if the donation was not successful; the more they knew about the recipients, the greater the sense of guilt or disappointment might be if they produced few eggs or if their donation did not result in a pregnancy:

And I think it might be... I don't know if it would be a good thing for them. I sometimes, not worry, but I sometimes think to myself when it's known donation as well, kind of what impact it has on the couples. One, if the treatment doesn't work. And how bad or guilty the person donating feels about the treatment not working. And you're still having lots of contact with the person. Although, when it's anonymised, unknown, you may feel sad. 'Cos you can find out if it's been successful and you may feel sad for that but you don't have to face this person though.

(Beth, nurse, Hillbrook)

[When egg donors ask about the recipients] I don't say too much because if it doesn't work out you don't want them to think they're disappointing the person. So keep it quite...don't say too much really about...try and say really very little about that. 'Cos obviously if they end up with no eggs or very few eggs then they're not going to be giving the person any so don't want to disappoint the person.

(Terry, nurse, Hillbrook)

Clinic staff, including counsellors and medical staff, commonly viewed known donation as particularly complicated from an emotional and relational perspective. They often expressed concerns that known donors, particularly family members, would feel pressured into donating, sometimes repeatedly, if an initial donation was unsuccessful. Although I do not want to diminish these concerns nor deny the possibility that some known donors do experience negative pressures to donate, Grace's story suggests that questions about coercion do not always make sense in the context of known donation. As she explains, with family, and arguably also with close friends, it is difficult to distinguish one's own feelings about donation from the potential recipient's. This is partly about empathy but it is also about the difficulty of distinguishing coercion from obligation. It seems that in the context of the clinic, pressure to donate is viewed negatively, as coercive and compromising the autonomy of persons. Whereas, in the context of families and personal relationships, pressure may be viewed more positively, as obligation or duty. The tension between these two understandings is evident in Grace's story:

G: It was difficult. You know, especially the part about seeing the psychologist. Because the psychologist wanted to know if I felt like I was under any kind of pressure to donate those eggs. And how does my husband feel about this and things like that? And those were three key questions because....*Because* the person I'm donating my eggs for is my *sister*, of course, you cannot say exactly what's motivating you to do this. There's love. There's commitment. There's family values as well. There's so many things that influence that decision. So it's kind of tricky to answer.

LG: How to say if you feel an obligation?

G: Exactly. Exactly. If it was doing it out of obligation, out of pressure, out of love. I didn't know [laughing].

LG: Was it a difficult decision?

G: No. Not exactly no.

(Grace, known egg donor, original emphasis)

Grace's experience suggests that there may be some tension between the medical-ethical expectation of informed consent and the familial context of donation. Donors are expected to give their informed, voluntary consent to donate. However, the concept of entirely "voluntary" consent relies upon the same model of personhood as the ideology of the "pure gift" (J. Parry 1986): one in which people are fundamentally independent and their desires and needs can be easily distinguished

from those of others. I would argue that such an asocial model of personhood is never achievable but nowhere is this clearer than in the context of personal and, particularly family, relationships. This is because relations perceived as kin are seen to be intrinsic to the self – personhood is constituted through these relationships (Carsten 2004, 107). In this context, it is impossible for Grace to separate her own desires from her sister's needs since the two are fundamentally intertwined.

### **Negotiating organisational practices: questioning and resisting anonymity**

Anonymity in itself does not prevent donors from constructing connections with recipients. As Konrad (2005) argues, anonymity affords an imaginative space within which donors can narrate relationships with their nameless recipients. And, as this chapter has demonstrated, lack of contact did not necessarily prevent donors articulating these connections in quite personal terms. In addition, sometimes donors and staff questioned or resisted anonymity, particularly in its strongest form.

In various subtle ways, some donors contested the limitations of anonymity. For example, Sarah circumvented the normal practice of anonymity by seeking a recipient online in order to personalise the donation. Similarly Bridget's request (refused by clinic staff) to send a gift to her recipient can be read as a challenge to absolute anonymity. Bridget lamented the apparently nonsensical ban on communicating information to recipients. Having previously experienced a degree of lactose intolerance, she stated that it was a shame she couldn't simply tell the recipients to just "watch this kid around dairy." Like Bridget, Karen questioned the degree of anonymity enforced by the clinic. To her, it felt "clinical" and she would have liked the opportunity to build and personalise her connection with her recipient, if that was something they were also interested in:

LG: Is there any way that you think the experience of being a donor could be improved?

K: Erm well for me it was all because it was anonymous, I felt it was really quite clinical, the whole thing. You know it was very, I'll not say regimented but I knew what I had to do and I knew what the whole process

and when it was done and dusted well that could have been it. But it was out of my interest that I wanted to find out that it was successful. That I wasn't just doing it for nothing.

K: [A little later in the conversation] And I'm a curious person and I'm an impatient person as well so I was just like ah what's happening?! I don't know like I said, it would have been nice to know if the recipient would have liked to meet me, or would have liked to get in touch with me. That's one thing I've always wondered about. If they perhaps wanted to keep in touch with me. I'd like to know that side of it. Either way it wouldn't upset me but its' one thing that I would've liked to tick a box. Yes they can contact me. They can get in contact with me by phone, email...

(Karen, egg donor)

Staff interviews also suggest that some donors pushed the limits of anonymous clinic practices by seeking the maximum amount of information permitted to them about their recipients. Terry, a nurse, explains that donors often asked questions about their recipient which staff were not permitted to answer:

T: [Donors] ask a lot. They do ask about the procedure quite a lot. All IVF patients do but they are interested in the recipients so you sort of see. Sometimes they want to get a wee hint about the recipients but you can't really give any hint. But I don't, they know they can't know but I just think...

LG: What kind of things do you mean?

T: Well they just say when's the recipient coming in? Is she excited about her treatment? Some of them don't but some of them do

LG: And do you normally say anything?

T: I don't say....you've got to be pretty vague.

(Terry, nurse, Hillbrook)

However, it was not only donors that resisted complete anonymity. Some clinic staff celebrated and encouraged a level of connection-making between specific donors. For example, whilst in some cases (like Bridget's) staff refused requests to send gifts, there were many more cases I was told about where such requests had been viewed as kind and entirely appropriate gestures. Rebecca at Greenview told me that recipients sent gifts to egg donors in approximately five to ten percent of cases. Like many of the nurses I interviewed, she spoke about these gifts and thank you cards in positive terms as something greatly appreciated by donors. Terry expressed this view in the strongest term, suggesting that such thank you gifts should really be expected and she couldn't understand why they were so rare:

Do you know what I think is odd? I must admit. A few people that have been donated to, egg sharers, or full altruistic donor, have given eggs to

people...and if it was me receiving eggs from somebody else and I know they've gone through that, I would leave flowers or a letter to say thank you or thanks. And there's only one person since the whole time I've been here who's done that.

(Terry, nurse, Hillbrook)

Later in our conversation, Terry also suggested that the matching process might also facilitate connections between recipients and egg donors. Along with her colleague, she explained that the nurses at Hillbrook had previously requested a greater role in the matching process because, unlike the clinic manager (who currently organised matching), they got to know the recipients and the donor. They both discussed an occasion where they had had a recipient and donor "coming through" at the same time who they thought would be a really good match. When I asked why they thought this, they explained that they were really gentle, really similar people and their families were also quite similar:

They were just, similar kind of families, similar kind of background, similar kind of people. Just gentle and sort of quite timid people. Just seemed like a nice match. Just thought they'd be good.

(Terry, nurse, Hillbrook)

I tried to probe as to why Terry might have thought it would be good to match people who were similar in terms of their personality. Was it because these traits might be inherited and therefore the donor would be a better "stand in," genetically, for the recipient? Was it because, with identity-release legislation, there was a chance these two families would meet in the future and she thought they might get along? It was difficult to get Terry to elaborate much on the reasons for her comments. However, she did repeat that it "just seemed like a nice match." My interpretation would be that, through donation, staff felt they were symbolically linking these women and their families would therefore be connected. They took pleasure from the idea that that the women involved might approve of one another or recognise something of themselves in the other. However, this was something that was felt at an emotional level rather than something which had been thought of for a practical reason.

It is notable that the staff who were most likely to celebrate connection-making between donors and recipients were nurses. This group spent the most time with egg



donors, particularly in situations where there was opportunity for informal two-way conversation. They got to know egg donors best. We might therefore infer that their views had been influenced through dialogue with donors (and perhaps also recipients) and the ways in which some framed their donations as a relational gift. This seems likely. However, I would also add that they were able to take on this perspective and celebrate connections between donors and recipients because this view of gifts as personal, relational activities has cultural saliency – it is a meaningful and legitimate way to talk about gifts (see Chapter Three).

### **Negotiating organisational practices: embracing separation**

Although both staff and donors did sometimes question or resist absolute anonymity, the vast majority stated that some degree of separation between donors and recipients was best. Whether known or unknown, it was common for donors to talk about the need to keep some distance from recipients and they placed limits and boundaries on their relationship. For example, donors commonly described avoiding relationships with recipients that were “too close.” For some unknown donors, this was often given as a reason why they would not donate to someone they already knew. Or in some cases, they stated they would potentially donate to an acquaintance but not to a close friend or family member. Making things “too close” or “too personal” were also reasons given by some donors as to why they would prefer not to meet or receive any contact from recipients or, occasionally, even to find out if the donation had resulted in a birth or not.

This desire to limit closeness was not only expressed by unknown donors. All four known donors who had donated to friends rather than family, explained that retaining or creating some distance between themselves and the recipient might be necessary for the donation to succeed in the long-term. Nina, for example, explained that her and her recipient had largely been friends within the workplace and that this kept a “nice distance” between them and they planned to “return to their own lives” once the transfer had taken place. In a similar vein, Hannah had thought that her friend and

her husband might find it necessary to curtail their relationship, post-donation. From her own perspective, this was unnecessary but she was prepared to sever that connection if that was what her friend preferred:

For me, absolutely this was their thing. So if they felt it was too awkward to ever see us again when the child was born, I was saying, that's, that'll be really sad but it's fine.

(Hannah, known egg donor)

In the event, all involved did not find this to be necessary and Hannah described her relationship with her friend as unchanged.

In line with the views of clinic staff, donors sometimes expressed concerns that knowing too much about the consequences of the donation could lead to emotional complications. For example, connections with, or information about, recipients were associated with the risk of guilt if the treatment failed. Nina expressed strong feelings of guilt that she had conceived twins via the egg-sharing process, whilst her recipient had not conceived at all. Breaking the news to her had been a difficult experience:

That two week period afterwards was awful. For me. I really did feel awful. 'Cos I knew, having had the experiences, that I thought Tina, Tina's body would be telling her if she'd had a successful implant.....And then when it was confirmed and she was crushed. And then I had to say, I'm pregnant and it's twins.

(Nina, known egg share donor)

Several other unknown donors commented that they might, or did, feel guilty if they discovered that the donation had not resulted in a pregnancy. Some, like Rachel, imagined that recipients might wish they had been matched to a different donor. However, these statements were usually followed by a comment that they knew such feelings were irrational. They knew they could not have done any more to help and they had at least given the recipients an opportunity to try. For a couple of donors, potential exposure to feelings of guilt or disappointment was given as a reason *not* to find out if the donation had resulted in any births or raised as a concern regarding meeting the recipient.

The risk of being judged or being judgemental were also given as reasons why donors would not wish to meet their recipients. Two donors explained that if the recipient were to meet, or find out more about, them, prior to the donation, they might make unfair or prejudiced assumptions about them and their potential genetic contribution to offspring. For example, Rob had thought carefully about whether or not to describe his sexual orientation, as a gay man, in his donor profile (the part which could be read by prospective recipients). On the one hand, it was a significant part of his identity which he did not feel he ought to hide. On the other hand, he thought, as did the doctor advising him, that such information should not be relevant to recipients and to include it would enable recipients to discriminate on this basis. He therefore felt conflicted about whether to enable recipients to discriminate against him, or the idea of homosexual offspring (he reasoned that recipients might assume homosexuality could be genetically inherited), or risk that his offspring could be raised by homophobic parents. Karen similarly raised concerns about being judged by recipients, this time in the event that they were able to meet pre-donation. Although elsewhere in the interview she said she was keen to meet recipients, she considered that doing so at this time might allow them to judge her, based on superficial characteristics, which might dissuade them from using her donation. For this reason, she advocated the anonymous system of matching as she felt, to do otherwise, would make the process “too personal:”

[On meeting the recipients prior to donating] Well I don't know because, well I, we've been anonymously matched. I would, I think that maybe meeting each other, as I've said they might see me and think, coloured hair, tattoos, she's maybe got a really wild streak in her. She's maybe a bit off the rails. And think well I'm not sure I want her. Her genes might make my child wild as well.

(Karen, egg donor)

Eve also spoke about the risk of herself becoming “judgemental” if she were to know “too much” about her recipient:

E: [Explaining why she wouldn't be a known donor] I think it's probably because I would know them. And I would maybe see them. And I would maybe see the child. Like if it was somebody who lived around here or somebody from my work, I would constantly hear stories about the child, if it was successful. I think at that point my curiosity would just come out and I would probably want to know more than is healthy. I think, as bad as it

sounds on me, I would become a bit judgemental. That's not how you do it!  
That's not how I did it with my two.

(Eve, egg donor)

Here, being “judgemental” is presented as, self-evidently, a bad thing. It would not be “healthy” for her and therefore ought to be avoided.

Donors' statements, that connections with recipients brought emotional risks, would seem to mirror the concerns of clinic staff, previously described. For both donors and staff, relational gifts are emotionally messy – they may bring positive emotions (pride or satisfaction) but such personal connections also risk negative experiences (being judged or becoming judgemental, feeling guilty). It is not possible to know if clinic interactions *directly* shaped donors' views. I found only one example in my data where a donor described an interaction with a staff member where this message (that “too personal” connections are emotionally risky) was directly conveyed. However, it seems likely that donors were influenced by the wider context of anonymity and the implications of such a system. Keeping donors and recipients separate would seem to imply that connections between the two are risky or inappropriate, that gamete donation is safer, less problematic if some distance is retained. However, we can also understand the anonymous system itself as a product of two wider cultural ideologies. Firstly, it is a product of an ideology of the “pure gift” – the belief that gifts, properly given, ought to be entirely “given up” and givers should receive nothing in return. Secondly, it is a product of an ideology which says that a “proper” family constitutes two people in a sexual relationship and their offspring. Under such a model, donors, as potential third parents, represent a threat to the status of the recipient parents. When they embrace the system of anonymity or talk about the need for distance from recipients, donors are both mobilising, and influenced by, these cultural beliefs.

### **Good gifts are “pure gifts”**

Social rules about how gifts should be given were rarely made explicit by my interviewees. As this section demonstrates, it is necessary to look quite carefully at

donors' narratives to see how they are influenced by such norms. My attempts to encourage participants to articulate these norms usually fell flat. However, Faye was an exception. She used her sister as a poor example of a gift-giver – someone who had difficulty truly “letting go” of their gift, expecting continued reference to the fact of her having given it:

F: And I'm quite, I like to give gifts. I'm a much better giver of gifts than I am a receiver of gifts. Just generally as a person. And I think about my younger sister. If she gives you something, if she has something, she gives it to you, she'll make reference to it every time she sees you. Oh you've still got that, I'm pleased you've got it. So she's, it's almost like you've got to thank her every time you see her. [Sister's] a bit like that....

LG: But that's kind of important to you about giving a gift that you don't mention it?

F: You kind of don't mention it you know. It's like you've given the gift, let it go.

(Faye, egg share donor)

Faye, along with Daniel, was also explicit that seeking, even imagining, connections with recipients constituted a form of reciprocation and thus undermined the purity of their gifts. Daniel and Faye suggested that the right and appropriate way to give a gift was to give it up completely. They implied there was something not quite right about seeking or enjoying, even symbolic, reward for your actions (such as feeling pleased at being able to help others). It was not seen as appropriate to want praise or expressions of gratitude for giving a gift:

D: I know I shouldn't say I know I shouldn't say I should be proud of it. It's not something you should shout on the rooftops.

LG: Why not? Why do you say that?

D: I've love to shout from the rooftops and say, I'm doing this to help people. But it's something. It's who I am. I'm not gonna hide it.

LG: But why do you say you shouldn't be proud of it?

D: Because you're doing it to help people, you're not doing it for a self-reward.

LG: Yeah but I don't know if those things are incompatible.

D: It gives you this warm feeling that you've actually done something to help somebody else. So to me that kind of takes like the selfless act away from it, so to speak.

(Daniel, sperm donor)

Then that would be a great gift to give to somebody. 'Cos there's nothing better than seeing like delight on somebody else's face. I would never see that delight but I would know that it would happen. So I think that it was you know *completely selfish*. It was about the joy of giving.

(Faye, egg share donor, my emphasis)

Daniel and Faye's words mobilise an ideology of the "pure gift" – the idea that the most altruistic act is one which is given without any expectation of return, of any kind, and that gifts, once given, ought to be entirely alienated from the donor (Parry 1986; Laidlaw 2000; Derrida 1992 see Chapter Three for a more detailed discussion of this theory). Whilst Daniel and Faye were the only participants who were quite so explicit about this being the "right way" to give gifts, we can see the influence of this ideology more indirectly in many other donors' narratives. When they stated that they had not expected any gratitude or reward, when they play down the pain and discomfort to themselves, when they tried not to judge recipients and talked about the emotional messiness of making gifts too personal; in all these ways donors mobilise (and were subject to) cultural discourses that gifts should be entirely given up and that (in order to really be altruistic) the giver should not expect or receive anything in return, nor retain any attachment to that which has been given.

### **Respecting the boundaries of the recipient's family**

However, we cannot fully understand why donors felt compelled to limit their connections with recipients if we restrict our analysis to beliefs about gift giving. Much more explicit in my interviews was the belief that such limiting was necessary in order to shore up the boundaries of the recipient's family, and particularly to protect the recipients' position as the "real parents." Donors wanted to give recipients a "normal" and full experience of parenthood and so it was important to them that they were not seen to intrude. As Bridget explained, if she were to meet her recipient(s), she would have to be really careful not to "tread on her toes" by taking on, or being perceived to take on, any kind of maternal role.

In relationships described as "too close," donors felt that it would be difficult to maintain these boundaries, either because, under such circumstances, they would feel compelled to interfere with the parenting of their offspring or because their presence

alone would be perceived as an intrusion. In these extracts, Eve expresses the first view and Rob the second:

But I think if I knew them then the whole genetic part of it would come in a bit more. I would be thinking right but that's part of.... part of me... that you're raising. And you're not raising them the way that I would want to. But I think if they were closer and I seen them and I seen the child there's more of an emotional link. 'Cos I can kind of see them as they're growing up. So I don't think I would cope with doing the known donation. I think that would be a bad idea for me.

(Eve, egg donor)

My role was to help another couple make a family and then my hope is that they've created a happy family so that child would be happy...that's their life really. I wouldn't want to, well I don't think it would happen, but [I wouldn't want to] be introduced into that family in whatever way 'cos then that would interfere with their family really. For me, you would need to step back to let that person have that life that they want to with that child.

(Rob, sperm donor)

Rob's perception, that distance was necessary primarily *for the recipients* was reiterated in many interviews. Donors felt that they needed to respect the boundaries of their recipient's family. It was crucial that they were not seen to intrude on this space and particularly not to threaten the recipients' status as the "real parents." Olivia was quite explicit that distance was necessary for the recipients more than for her:

O: [On not donating to a known recipient] It's not so much, 'cos I think my preference actually would be to see [child] all the time growing up, but it's more so for them as another family. I don't feel that would be right for me to be involved. 'Cos then, you know, say with my friend, say she gives them a packet of crisps and I'm like, he's only one! And that then becomes that whole, you're not the parent! It's me! You know what, it's far too complicated, I think, if you're close.

LG: It's harder to know what your role is?

O: It's the boundaries, It's more where the boundaries are. What you can say and what you can't say, I think, for a close person.

(Olivia, egg share donor)

Several other donors described similar situations in which they imagined donating to someone they knew but subsequently then feeling an inappropriate urge to interfere if they perceived that the recipient was parenting poorly. In such cases, it was often unclear *why* they imagined they would feel particularly compelled to intervene.

Although, in the extract above, Eve attributed these feelings of responsibility to her genetic relatedness, donors were rarely so explicit. Donors might also feel a particular responsibility because their actions and their decision to donate had made the child's life possible.

Donors presented it as self-evidently problematic if they were to act or feel in any way motherly or fatherly towards their offspring. It was taken as given that such a situation would be challenging for the recipients. I would argue that their assumptions stem from a wider cultural ideology of the "sexual family" (Fineman 1995) (see Chapter Three) and an idealisation of the parent-child relationship as an exclusive one (Melhuus 2012). Donors were aware of wider cultural beliefs, that "proper" families constitute two people, in a sexual/romantic relationship, and their offspring and the importance of having one's "own child" (and the exclusivity that implies) in order to truly be a parent (Melhuus 2012, 43). If it is assumed that a child should have only two "real" parents, then the donor, if perceived to be behaving in a parental manner, represents a threat to the status to one or other of the recipient parents, particularly the non-genetic parent.

### **Sperm donors as a particular threat**

The sperm donors I interviewed seemed particularly concerned that recipients might perceive them as a threat. Adam, for example, explained that it might well be challenging for a male recipient to make contact with, or thank, their donor:

A: Because, because for a man to be infertile that is a blow to the ego. And sending a letter to *some other guy*. It would feel weird to me if I was on that end. And so I'm not expecting [them to get in contact]. I probably would not have written anyway, if I had been in that situation.

LG: Because it rubs that in, in some way?

A: It may require them to face up to facts that they're not ready to completely digest.

(Adam, sperm donor, original emphasis)

Similarly Neil explained why male recipients would not normally be interested in staying in contact with their sperm donor:



You can understand men being embarrassed feeling they're not a man  
because they can't have kids themselves.  
(Neil, known and identity-release sperm donor)

Here, Adam and Neil refer to the particular stigma attached to male infertility, associated with impotence and seen as a threat to masculinity (Wischmann and Thorn 2013; Snowden, Mitchell, and Snowden 1983; Gannon, Glover, and Abel 2004; Thompson 2005), to explain why their recipients might perceive them as “some other guy” – a potential threat to their identity, as a man or as a father.

We might also interpret Adam's words as a suggestion that the male recipient might see the donor as threat to his relationship with his partner. The relationship between sperm donors and recipients has historically been sexualised. When donor insemination was first reported in medical journals, the practice was condemned by church leaders for its association with adultery (see Frith 2001; Haines 1993). Although we would expect such extreme views to have waned over the years, recent research in Belgium (Burr 2009) shows heterosexual recipient couples continue to view sperm donors as “the other man” in their relationship. In informal discussions, clinic staff suggested that this was probably the reason why so few [heterosexual] couples used known sperm donors, particularly brothers. In such cases, they said it would be perceived as though the female recipient was *having the baby* of her partner's friend or her partner's brother and this had sexual implications. Terry recounted one such example at Hillbrook of a man donating sperm to his brother and his wife. She describes this scenario as a “bit creepy” and reports that staff attempted to persuade the couple to use an unknown donor instead:

But I just think, well were all just talked about it. And I think, well you know, how would the fact that *it's my brother-in-law's baby...*? And you know, they had a lot of counselling about it. And we tried to persuade them maybe to put the sperm into the bank and we would give them an anonymous donor.

(Terry, nurse, Hillbrook, original emphasis)

The belief that they posed a particular threat to recipients would seem to (partly) explain sperm donors' relative lack of interest in their recipients, compared with egg

donors. The former were much less likely to describe an interest in contacting, meeting or finding out more about their specific recipients. This pattern is partly explained by the greater numbers of known egg donors and the synchronicity of female donor and recipient treatment. However, in addition, I suggest that, because they were especially aware that they could be perceived as a threat to recipients (particularly male partners), sperm donors kept their distance, not just physically but also discursively. They were therefore less likely to talk about their donation as a personal, relational gift to specific recipients.

## **Conclusion**

In this chapter, I have demonstrated that donors often framed their donation as a “communal gift” – a civic act of sharing surplus or extra with those in need. In this way, they constructed a connection with recipients that was indirect; these were gifts to a generalised group of people in need or, to borrow Titmuss’ (1973) term, a “universal stranger.” However, many donors also framed their donation as a Maussian gift, a personal, relational act which created a social tie with their *specific* recipient. Known donors drew on their pre-existing relationship with the recipient and portrayed their donation as embedded within a wider norm of gift-giving in their friendships and family relationships. Egg donors, in particular, often drew on (presumed) shared experiences or similarity with the recipient, as well as celebrating the impact their donation would have on their lives. Some donors (again the vast majority female) sought to personalise or extend this connection by seeking further information about, or desiring to meet, their recipient.

However, all the donors I interviewed were limited in their ability to construct these kinds of personal connections with recipients. Clinic practices and anonymity, as well as a wider cultural ideology of the “pure gift” discouraged such connection making. In addition, the desire to give recipient’s a “normal” experience of parenthood meant many donors felt some distance was best in to avoid “treading on the toes” of the recipient.

All donors therefore spoke about the need for limits or boundaries to their relationship with recipients. However, I suggest that male donors were particularly discouraged from constructing personal connections with recipients because they were aware that, due to the stigma attached to donor insemination and male infertility, they might be perceived as a particular threat to the male recipient. In contrast, the synchronicity of treatment for egg donors and recipients provided egg donors with a basis on which they could more readily construct these kinds of personalised connections.

That is not to say that every egg donor framed their relationship to recipients as a personal one and every sperm donor portrayed themselves at a distance. The ways in which participants used these discourses was much more fluid than that. However, these gendered cultural pressures did result in general gendered tendencies in my findings. This is important because the way in which participants constructed donation as a particular kind of gift, with particular relationships to recipients, influenced how they constructed their role in relation to the wider community and in relation to offspring. As I will show in the remaining chapters, personalised connections with recipients provided a narrative resource which donors could reference in order to manage the meaning of monetary payments offered to them and to make sense of their relationship to offspring.

# Chapter Six:

## Money, Markets and Good Citizenship: Donors in Relation to the Healthcare System and Wider Community

In this chapter I examine donors' views on their position within the wider community and, particularly, the health care system. Whereas Chapter Five focused on donors' connections with the ultimate intended recipients of their donated gametes – the person(s) seeking fertility treatment, this chapter looks at connections with alternative or additional conceptions of recipients – clinics, the healthcare system or “community” in a more general sense. I analyse how donors position themselves in relation to these groups and institutions.

I first show that donors often presented themselves as active community members or good citizens. Donors often described the act of donating gametes as one of several ways in which they tried to “give back” or “do their bit” for the wider community and was generally presented as a moral duty. Although donation was often depicted as one act in this repertoire of giving behaviours, I go on to demonstrate how some donors developed a particular interest in donor-assisted conception and the needs of those seeking fertility treatment. Having become aware of the shortage of donors in relation to potential recipients, several took on an ambassadorial role, aiming to raise awareness of the need for gamete donors. In some cases, they saw themselves as active agents in an on-going process of social change in which donor-assisted conception was becoming increasingly acceptable to a wider public.

It was important to donor participants that their donation be viewed as other-oriented, an act intended to help others in their community. One of the ways in which they presented their donation as a gift, and their intentions as altruistic, was by distinguishing it from economic exchange and presumed self-interest. Donors frequently emphasised a distinction between what they were doing, donating to help others, and what others might (but should not) be doing, donating *for* the money. For them, donation was not, and should not be, a job and they did not see themselves as providing a service or product in exchange for money. This opposition to financially-motivated donation was seen to be of particular importance in the context of identity-release legislation and the possibility of contact between donors and donor offspring. In contrast with several previous studies of anonymous gamete donors (Speirs 2008; Jadva et al. 2011; Lui and Weaver 1996; Kalfoglou and Gittelsohn 2000; Purewal and van den Akker 2009), all, with the exception of three egg sharers, completely rejected the idea that they had been, even partially, motivated by financial gain. Several donors, in fact, declined payments offered to them.

However, this did not necessarily mean that no payment could be, or was, accepted by donors. Although, for some, accepting *any* payment would have undermined their conception of donation as a gift, for others, some form of payment could co-exist with an understanding of gamete donation as an altruistic act. Drawing on the work of Zelizer (1994), I show how some donors, enabled by clinic discourses and practices around payment, were able to accommodate payment within a presentation of the donation as a gift. However, for others, interactions within and outside the clinic limited their ability to frame payments in this way. I suggest that male donors, in particular, were challenged by a continued stereotype of sperm donors as financially motivated men, donating for “beer money.” I also suggest that male donors were particularly reliant on a “pure gift” (J. Parry 1986) discourse, and therefore absolute opposition to the world of money and markets, in order to present their donation as a gift. Following from my discussion in the previous chapter, I argue that this is because sperm donors faced barriers to constructing their donations as personal, relational gifts – an alternative gift discourse, which was, as a rule, more readily available to egg donors.

In the final sections of this chapter, I examine the ways in which donors positioned themselves in relation to the fertility clinic at which they donated and the wider health system. As I will show, this was presumed to be a partnership. Donors assumed that clinic staff, the institution itself and the “system,” like themselves, were acting and organised in pursuit of a shared aim: alleviating the suffering of those experiencing infertility. For most, this sense of team work was maintained throughout and beyond the donation process. However, in a few cases, a perceived lack of recognition, knowledge of restricted access to fertility treatment and/or the realisation that their “donation” was made to a profit-making business could be jarring to donors’ understanding of their role and, for one man, quite upsetting. I suggest that, although the topic of payment for treatment rarely arose, when it did, it often seemed to undermine the spirit of communal giving in which their donation had been made.

As this chapter demonstrates, the concept of money was frequently referenced by donors in order to articulate their position within the community and health care system. Whatever payment was offered, whether it was accepted or not, money was always discursively present. By distinguishing their donation from financially motivated exchange, donors positioned themselves as good citizens, donating in order to help others. Some, particularly sperm donors, narrated their role in absolute opposition to the world of money and markets. At other times, donors related to the concept of money in quite creative ways, actively shaping the meaning of payments made to donors, the cost of fertility treatment and profit-making of private clinics, in ways which distanced these practices from market exchange. However, maintaining this narrative was not always straightforward. Clinic discourses and interactions with staff generally enhanced donors’ perception of donation as an other-oriented act and as a gift to the universal other. However, on occasion this understanding could be disrupted by alternative discourses and practices surrounding money. For example, their gift-giving narrative needed to be defended when others perceived gamete

donation to be a financially-motivated act. It could also be disruptive, even upsetting, when donors perceived that their *donation* was being *sold* for profit.

### **Contributing to the community: donors as good citizens**

In line with their presentation of gamete donation as a “communal gift” (see previous chapter), many donors presented their donation as just one way in which they aimed to “give back” to society at large. For them, seeking to help others was part of what it meant to be a good citizen, to give as well as take from those around them:

I've always viewed taking part in medical things as one way to kind of contribute to society, if you like. To assist other people, to assist research, to assist medicine. So, in the past I've taken part in a trial for the male pill. And that was a very successful trial.

(John, sperm donor)

My whole life is helping other people. I foster dogs and stuff like that as well. Yeah. But I always think, if you do a good thing, you get it back.

(Anna, known and anonymous egg donor)

Like Anna and John, many donors described other ways in which they contributed to the local and wider community. These included formalised arrangements, such as volunteering at local schools and residential homes, carrying out work in public parks and sponsored runs for charity, as well as informal one-off acts such as stopping to give someone a lift and undercharging an elderly person for repair work. Often these activities were described when I asked donors if they could think of any reason why they had become a gamete donor, when so few others did so.

The majority of donors also described their wish to be an organ donor in the event of their death, with many having registered themselves with the organ donor register and informed their families. None of the donors interviewed stated a preference against being an organ donor. Daniel had also decided to donate his body to medical science after his death. Like gamete donation, organ donation was presented as a way in which they could help others and many implied that it was a civic responsibility for people to contribute in this way to the health system, which they and their families also benefit from:

And again, when it comes to organ donation, I'm on the organ donor list 'cos I kind of think, well then, what does it matter to me? You know, a lot of people are like I wouldn't donate my eyes because blah blah blah. And I'm just like, who cares? Don't worry about it. It needs to be done.

(Yasmin, egg share donor)

I would always give organs, aye. Aye they can have mine, no bother. I mean, you're only ever an organ donor on a motorbike. Especially the way I drive it too. You're only ever an organ donor.

(Ian, sperm donor)

Yeah. I actually think it should be the other way round, that you have to opt out of [organ donation]. Especially when you become a driver. You know, you have to opt out to not be a donor.

(Rob, sperm donor)

Interestingly, far fewer donor participants were also blood donors. In a significant number of cases, this was because they were excluded from doing so or limited in their ability to donate. Both Rob and Daniel spoke of their disappointment that current UK regulation disqualified them from contributing in this way because of their sexuality. Rachel could not give blood because of a health condition. Others reported repeated temporary restrictions relating to pregnancy or having had tattoos. Two other donors, Ian and Liam, felt unable to give blood because of a fear of needles. They both explained that, although they had been able to overcome this fear in order to give blood samples for gamete donation purposes, they were mindful of the bigger needles and greater quantity of blood needed in blood donation. This finding is intriguing in light of Valentine's (2005) interviews with Australians who, for various reasons, were excluded from blood donation. She argues that, since blood donation is constructed as a civic practice or responsibility, those who were unable to donate felt excluded from the category of "good citizen." Both Rob and Daniel expressed disappointment that they were not able to contribute in this way:

They're not going to put it [my blood] through any more screening. It's one screening. One pint of blood gets tested for the exact same things as my blood would get tested. But they just don't accept it.

(Daniel, sperm donor)



In various ways, donors presented generosity and altruism as fundamental to their own identity. They saw themselves as the kind of people who liked to help others. Sometimes, like Hannah, they associated this mentality with the way they had been brought up. Several donors also talked about their desire to pass this attitude on to their own children:

I grew up with parents who did a hell of a lot in their local community and I do now as well. Something about helping others. I've just grown up. That's definitely kind of a value within how I've been raised. That's great that you do this. But you should give back a bit. It was never verbalised. But it's just what happened. And so I naturally do, I don't know, get involved in stuff.

(Hannah, known egg donor)

So [daughter and I] volunteer up [at the park]. We give up a couple of days a week. So we do that. So I think I've taught her how to give of herself, you know. And I say, when you give something, you get something back in return. You'll give up your time to volunteer but you're getting the job experience back.

(Anna, known and anonymous egg donor)

Whilst donors talked about helping others as a moral duty, they often also recognised (directly or indirectly) that others did not necessarily behave in the same way. Ian implies this when he describes how, for other people, "money is their God." On a similar note, Daniel laments what he presents as a general unwillingness to help others in our society:

With my Mum [after she died] it was kind of like, well life is too short. Why don't we help others? And there's other decisions I've made, like I'm going to donate my body to science. 'Cos I got the attitude of, how did my Mum's surgeons learn? How did they learn about cardiovascular disease, how did they? Do you know what I mean? Again, who does it? And then I realised it's the general public who decide what to do and donate organs, bodies etc. So I kind of grasped that decision of what needs help.

(Daniel, sperm donor)

Whilst the decision to donate was often framed within a wider conception of themselves as good citizens, who generally sought to help others, several donors developed a specific interest in gamete donation and issues surrounding donor conception. In the process of becoming a donor, via their engagement with texts on

the topic and interaction with clinic staff, donors became aware of the shortfall of donors in relation to potential recipients. Subsequently, several participants had attempted to publicise gamete donation and encourage others to come forward. Karen, for example, had set up a blog to share her experiences, Eve had contacted a local newspaper who wrote about her donation and Rob had taken leaflets into work and talked to his teammates on a local football team. Through their engagement with the National Gamete Donation Trust, two donors, Debbie and Neil, had been quite extensively involved in publicity and recruitment surrounding gamete donation, including multiple interviews with various media outlets and campaigns to increase awareness. This ambassadorial work was generally framed as an extension of their original donation – a means by which they could help greater numbers of people suffering from infertility:

Yeah. I asked them. I got [leaflets] from the clinic. I asked the doctor there. I said, look you know, I work in a male prison. I could hand them out there [to staff]. It's just planting that little thought really that someone may have their own family and be happy to donate to others etc. And I suppose really it's just a next step on. I've helped a family. With knowing [clinic staff] and seeing the working, you then come to understand the business side of things as well. You know, they've got targets to meet, they've got high demand, they've got a low supply. Well you just sort of think, I could help out there. I know people in football. I'll ask at football. So I think the awareness of the whole, it's that lack of understanding. And it's just trying to, at a low level really, just trying to get people more aware

(Rob, sperm donor)

I just wrote in to the local evening paper just to say I'm doing this. Just to kind of highlight it really. That was after I'd been to the meeting and, at that point, realised how low they were on donors. How much of a shortage there was of the... So I just kind of thought, this would be a good way to put a face to the whole process, make it a bit more friendly. A lot of people might think it's very sterile, it's very clinical, but it's not really. You're kind of given the stuff you need. You go away. You do it in your own time.

(Eve, egg donor)

Caution should be taken when interpreting this evidence in terms of how common these ambassadorial practices are amongst gamete donors. My sample is likely to be skewed in favour of those who would be more likely to share their experiences and actively publicise donation. This is partly because such people might be more willing to also take part in social research. However, it is also because a sub-section of my

sample, including all of the men listed above, were recruited via the National Gamete Donation Trust's mailing list – an organisation with the specific aim of raising awareness of gamete donation and increasing donor recruitment. However, for those donors who do engage in these practices, the above interview extracts give an insight into the meaning such ambassadorial practices have for them.

For several donors there was a sense that, by talking with others and the media as well as by taking part in donation themselves, they were part of an on-going movement for social change – a progressive process whereby assisted reproduction generally, and donor-assisted reproduction more specifically, were becoming increasingly acceptable to a wider public. For Nina and John, their role was in advancing scientific and/or medical progress for the good of society:

And I just think that in the past people just haven't had the opportunity to be able to do kind things. And because of the advances in science, you can. So why not? Do you know what I mean? It's just very much a, probably just about who I am as a person more than anything, you know. I just think there's progress. There's progress for reasons. So long as it's not detrimental to your own health or your own mental health. You know, it's why not? I'm very much of that opinion.

(Nina, egg share donor)

I mean, my background, I'm an engineer. So I'm an engineer. I'm a scientist. I am... I view myself as part of that wider community of open minded, you know, science and reasoning and that kind of defines what I think makes us. Oh God it all sounds very Star Trek doesn't it. It's what kind of defines us as humanity, is our ability to do things to help other people for no reason other than it's something I can do that can help other people.

(John, sperm donor)

For Liam, the progress that he saw himself to be part of was the on-going liberalisation of society and, in particular, increasing openness and decreasing stigma associated with reproduction and sex:

The thing they we're trying to get across [through recruitment campaigns] is, it's everything from how to get the numbers up through to how to raise public awareness of it. And yes when it was all secret, when you could keep it quiet and no one had to know, fine, people were comfortable with that. The moment you extrapolate that out, people get hung up. Weirdly. I'm not sure why. But I think it is literally, I think there are some old throw backs. I think we are brought up in a way we're meant to be very proper and moral

and that conflicts and goes wrong somewhere along the way. And hopefully it will fade with time. And society will become more robust from it. With a bit of luck. We can but hope. Tolerance is a good thing. Change is a good thing. To evolve as a society has got to be a good thing. Hopefully it will work out eventually. We can hope.

(Liam, sperm donor)

As with Liam's comment, donors often expressed the view that, although IVF was now widely acceptable, gamete donation and donor conception, particularly under a more open system, remained controversial. For this reason, social change was presented as very much an on-going process, though one which, as donors, they were at the forefront of. Explicit references to stigma or public disapproval were much more common in relation to sperm donation. Sometimes this stigma was connected with the sexual connotations of masturbation. Although Daniel thought that the stigma attached to sperm donation had probably diminished in the last five to ten years and found many people responded positively to his actions, others still considered sperm donation controversial and, at other points in the interview, he used the word "seedy" to describe others' perceptions:

LG: You were saying there is still a bit of a stigma?

D: Yeah. And there is a lot of people that go, well done, you're doing good. And then there's other people out there that go, really? You're doing that? And it's like. I do think there is a stigma out there where, I don't think in this country there's a big advertising campaign on it. I've never seen leaflets. I've never seen campaigns about it.

(Daniel, sperm donor)

The continued stigma attached to sperm donation can perhaps explain a slightly decreased tendency for men in my sample to have spoken about their donation with a wide range of others. Nearly all the women I interviewed had been very open about having been an egg donor and had shared their experiences widely, with colleagues, family and friends.<sup>11</sup> In contrast, male donors, particularly those not recruited via the

---

<sup>11</sup> The only exception to this rule was Laura who had only told her parents and partner because her friend, the recipient, had decided not to tell their daughter that she was donor-conceived. For her, the decision not to tell others was therefore linked to respecting the privacy and wishes of her friend.

NGDT, tended to be more private about their donation. Adam, for example, had only told a couple of friends (one who was adopted and the other who had previously donated anonymously) and no family members. He explained that he had not deliberately kept the donation a “secret,” as such, and had plans to tell his daughter in the future. However, as he explained, sperm donation was not an everyday topic of conversation and he was aware that, whilst he might not receive negative responses, others might not entirely understand his reasons for donating:

LG: And you’ve said you spoke to a couple of friends about it. Have you spoken to many friends about it?

A: No I’m reasonably private about it. I think that’s fair to say.

LG: Is there a reason? Just hasn’t come up or...

A: I don’t know.

LG: ‘Cos it must have been a reasonable time part of your life, if you see what I mean?

A: I don’t know. It’s still not something you sort of slip into everyday conversation. There’s still, I don’t know if there is a social stigma or not. I think most people would be totally cool with it but you know others ask why. You’d get a lot of questions which take a lot of time to answer. Again, not really had any compelling reason, except for the one friend who had been a donor himself.

(Adam, sperm donor)

In contrast to egg donors, who nearly always reported very positive responses to sharing their donation, affirming their status as altruistic givers, sperm donors more often reported negative responses from others:

Yeah I’ve spoken to a couple of people about it. But either everybody else is really closed minded or I’m just really stupid and have it wrong somewhere. The whole joke could be on me at some point!

(John, sperm donor)

### **Donation is not a job: “I didn’t do it for the money”**

The financial context to donation varied amongst the men and women I interviewed. Depending on whether they were sharers, “altruistic” or known donors, male or female, and the time of their donation, donors were variously offered no payment, payment for specified expenses up to £250 per donation programme/cycle, fixed sums of £750, £35 per clinic visit or reduced cost IVF treatment (for further information see Chapter Two on regulation). However, whatever payment they had

been offered, all donors actively rejected the idea that they had been primarily motivated to donate for financial reasons. Of all the donors interviewed, only three egg share donors expressed the view that the financial benefits of donating had been even a partial factor in their decision making process and this was commonly framed as a “bonus” once a decision had been made, rather than a significant incentive:

‘Cos although, like I said before, there was a financial part of it, that wasn’t the driving factor behind it. It was just, I really see that as like a bonus. As in, oh by the way, not only can you help either the researchers or women who want to have children, you’re getting a discount. And you didn’t feel like you were getting paid for it either. It was like a discount.

(Yasmin, egg share donor)

Of course, we could question to what extent these statements reflect donors’ actual perceptions of their motivations at the time of their donation. Perhaps donors were simply telling me what they assumed I wanted to hear. It could be argued that such statements that they “didn’t do it for the money” reflect cultural expectations that gamete donors ought not to be motivated by money, that gamete donation should be an other-orientated act of giving and that admitting to any financial incentive would undermine this. Such an interpretation would be supported by Almeling’s (2007; 2006) ethnographic research in a US egg bank, as well as Ragoné’s (1994) study of surrogacy, also in the United States. Both anthropologists found that staff in organisations which facilitated these practices, encouraged potential egg donors and surrogates to articulate their motivations in terms of helping and giving, sometimes excluding from participation those who expressed financial motivations. Such expectations were maintained despite the significant sums paid to women in these contexts. Whilst my own observations and interviews with clinic staff did not reveal such strong expectations or policing of donors’ motivations, staff often expressed the hope that donors were motivated, at least in part, by a desire to help others. Such expectations were also conveyed through donor information literature which described donors as “volunteers” or incited the reader to help others by donating the “gift” of gametes. Indeed, the very use of the word “donation” to describe the process, with its semantic connection to charity and other kinds of bodily giving

(such as blood or organ donation), conveys the expectation that this should be an other-oriented act:

Your donation of eggs or sperm to help a couple have a child is one of the most generous gifts anyone can give.

(Becoming a Donor, NGDT website, 2014)

Healthy female volunteers aged 35 years or less may donate following careful counselling. Some of these volunteers approach the Unit directly wishing to donate eggs, while others after further discussion agree to egg donation at the time of their sterilisation.

(Hillbrook information leaflet)

We might argue that the passing of time and the subsequent temporal distance from initial discussions, or acceptance, of money would allow donors increased space to reconstruct their motivations in line with these expectations. Whilst I certainly agree that the gift discourses surrounding gamete donation will have shaped the way in which donors view the topic of payment, as I will now demonstrate, there are good reasons to believe that donors' statements that they "didn't do it for the money" are genuinely held perceptions of their own motivations.

A key reason for my contention is that the vast majority of donors went further than simply saying *they* didn't do it for the money and expressed the view that *no one* should do it for the money:

If it's a gesture payment of a fiver then that's fine. It's not something. Again, I'm not doing it for financial gain. If you're doing this for financial gain then you shouldn't be allowed to do it in my opinion. I know that's a really, I know that's a really strong thing. But if you are doing this for a financial gain then you're doing it for the wrong reasons.

(Daniel, sperm donor)

I would hope you'd be motivated for the act itself. I would hope that the money isn't a motivating factor. 'Cos I think it's quite a selfish reason to do it.

(Eve, egg donor)

Like many donors, Daniel and Eve expressed in quite strong terms, the view that donating for financial gain was morally wrong and were frequently able to articulate reasons for taking this ethical position. This would seem to suggest that, to the extent that donors were influenced by the gift rhetoric surrounding gamete donation, these

norms had become internalised, deeply-held principles rather than more superficial adoptions of convention.

For some donors, the problem with donors who were financially motivated was that it inevitably led to questions about the “price” of what was being donated. For Daniel and Anna, what was being given was closely associated with human life, or at least the potential for a life. If people therefore understood themselves as “selling” their gametes then, to these donors, that was uncomfortably similar to selling a child, their body or the rights to parenthood. These were things which were held to be sacred and beyond the valuation system of the market:

If I was doing this and saying I want more money. It's like no. To me, it's like selling a child. It's preposterous. It's like selling an organ. It's not...  
(Daniel, sperm donor)

How can you put a price on a human life? How much is it worth? How much, how much, if you couldn't have kids, how much is that worth to you? How much is it worth to the next person? How can you put a price on that? So I think that's why I have a hang up with the money thing.  
(Anna, known and anonymous egg donor)

However, the primary reason that financial motivations were seen as problematic was the prospect of contact from donor offspring. The idea that offspring might one day learn that their conception had resulted from a financial exchange was seen as emotionally problematic. Several donors described a future scenario in which a donor-conceived teenager plucked up the courage to contact their donor, only to find out that the person had only donated because they needed the money. Participants considered that such a discovery would be quite distressing to the donor-conceived person. As I explain in Chapter Six, many donors positioned themselves as a narrative support to offspring – someone who could help them to extend the story they had of their life. If financial motivation becomes part of this backstory, these donors seem to suggest that the narrative is tainted in some way and that the potentially positive benefits of knowing more about what made one's life possible are undermined:



The worry is, if you are encouraging people to do this purely for cash, the implications are there are gonna be people. These are going to be thinking, breathing, living people. They're gonna grow up. Don't tell them their life was just there for cash. That's wrong.

(Liam, sperm donor)

If the child came to me at the door and I said, well actually I did it all for money. Well that would be horrendous to say that to a person. So if I was a person of that moral standing then it would just be awful, I think, to be telling someone that.

(Rob, sperm donor)

LG: Does it matter if people do it for the money?

R: Yeah. I suppose not. Not for them it's not. It's them who are going through it. But I think for the child involved, it's not very fair. 'Cos what if they do want to get to know them and then the donor had no intention of ever wanting to meet them. And, you know, this child, whatever, could get their hopes up that they're gonna, you know, have this big, emotional reunion. You know, just be part of someone else's life. And just to be shot down in flames. Imagine being told, no, I only done it 'cos I was skint. You know, imagine that. It would be heart-breaking to be told that. If you'd spent ages working up the courage and reading over this letter again and again and again and wondering what they're like and then you'd worked up the courage to finally do it. And get told that. It would be just crushing. So I just, you know. Fair enough if they're skint and need quick cash. You know, fine. But I just don't think it's fair on the child.

(Rachel, egg donor)

As Rachel suggests here, donors' concerns about others donating in order to make money were related to a belief that such persons would, on the whole, be less empathic and more self-centred than those who donated with the primary intention of helping others. Such persons, they suggested, might not take sufficient account of their potential offspring's feelings and therefore might reject attempts to contact or meet them in the future.

Daniel and Adam raised similar concerns but also considered the potentially damaging consequences for the donor themselves. They thought that people who were influenced by financial gain might make their decision without properly thinking through the long-term consequences which could mean they were unable to cope with a future situation in which they were contacted:

Yeah I think if somebody did it for financial reasons, you could easily get into a situation where a child makes contact and then that person says no I'm not interested and I think psychologically that would be a very tough blow

for a, you know, somebody who was conceived in vitro, to take. Yeah just did it for the money. It just sends a difficult message I think. Yeah and you know this way everybody who does it this way [without financial incentive] does it because they are trying to help and because they've thought through the consequences and are sort of happy with that.

(Adam, sperm donor)

I think if you want to do this to have your own personal gain, I think you're doing it for the wrong reasons. I don't think, It's not a decision that should be taken lightly. Oh I can go and get six, seven hundred quid for this. Let's go and do it, it'll take twelve weeks of my life. And that's it. I think you've got to have the mind-set to do it where it's not just a one-off thing. You have got the chance of somebody coming and chapping on your door in 18, 20, 30, 40 years' time. You've got to be, I think to be a sperm donor at least, you've got to be ready to accept if they chap that door or not. I think you've got to have that prepared now. There's no point in donating now and then you panic when the door does rattle.

(Daniel, sperm donor)

Ultimately, it was because they felt a responsibility towards offspring and a concern for their wellbeing that donor participants considered financially-motivated donation to be morally wrong.

### **Are paid gifts possible?**

Although nearly all<sup>12</sup> were disapproving of people who donated *for* money, interviewees were split over the issue of whether or not payments should be permitted to, or accepted by, donors. For some, any kind of monetary exchange was perceived as inappropriate, tainting the spirit of giving in which the donation had been made. Others took a more nuanced, pragmatic view of payment and considered that a gift-based model could be retained whilst allowing payment for expenses in some form.

It was often men who most strongly advocated for complete non-payment and several sperm donors rejected or re-donated money offered or paid by clinics. Ian, for example, donated his payment to a local children's hospital. Daniel was also

---

<sup>12</sup> The exceptions were all known donors who were more open to the possibility of paying donors as a means of increasing recruitment and therefore being able to treat greater numbers of recipients-in-waiting.

considering this possibility himself (he had not yet been paid since he was mid-way through the donation process). Liam also turned down the offer of reimbursement for travel expenses:

See I never ever done it for the money, money didn't interest me at all. I done it to help people...any penny I've ever had I've given to [children's hospital]. Why would you want paid for helping somebody? What can I say? It's hardly like you're asked to run a marathon or anything. It's hardly hard work. It's hardly hard work what you're doing so.

(Ian, sperm donor)

To put this into context, these were not men for whom the money would have been insignificant. At the time of donating, Daniel was unemployed and Ian worked long hours in a skilled, manual job to support a large family. Although Daniel and Liam downplayed the time and money they spent travelling to and from the clinic, both were making regular return trips of around 30 miles each way. Liam was travelling to the clinic on his day off, whilst Ian was fitting in his visits whilst his family ate their dinner. Therefore, although Ian stated that donating was not “hard work,” it did take up a considerable portion of their free time.

For these men, the introduction of even small amounts of money into the donation process tainted their intention to help others; it seemed to undermine the spirit with which they had entered into the process. As Liam explained, giving and accepting money are not compatible and for this reason he rejected the offer to have his travel expenses reimbursed:

The aspect for me as well, if you're paying then that doesn't feel like helping. You offer help. You don't offer help and say, here's the bill. And also there's that whole element of paying, it just didn't sit right. Like I said, it's the whole, how do you set it up in your head, how do you square it with yourself? For me, it's are you helping? Yes. This is a good thing. Right. Fine. And then that's the way you're doing this. If it's, I'm only doing this and I'm being paid. Well....doesn't feel right.

(Liam, sperm donor)

Whilst John had accepted a small amount of money to cover travel expenses, he raised similar concerns about fixed payments to donors. He argued that fixed

payments, at the level now available to sperm donors, transformed donated sperm into a commodity. Though he did not fully articulate why he was uncomfortable with commodification in this particular context, he alluded critically to societal processes in which more and more objects and actions are becoming commodified as products and services which can be exchanged for money. Paying sperm donors was envisaged as part of this process in which the market comes to dominate more and more aspects of our lives. Similarly, marketisation was seen as a self-perpetuating process; Fixed payments to donors, however small, were presented as the first step on a “slippery slope” in which increasing elements of market processes are introduced into the donation system, increasing payment through competition for scarce donors:

If you start to pay people money for it then do you start going down the road where it just becomes another commodity. And I’m not sure that I’m particularly comfortable with things being bought and sold in a market like that. And I think that the easiest way to prevent that from ever happening is you just don’t pay donors. You don’t turn it in to a commodity.

(John, sperm donor)

The men quoted here all mobilise a particularly Western ideological opposition between gifts and market exchange (Parry and Bloch 1989; Parry 1986 discussed in Chapter Three), in which the former are perceived as *entirely* (purely) altruistic acts and the latter *entirely* selfish. Parry and Bloch argue that we tend to fetishise money, seeing it as a condensed symbol of economic exchange. As such, the presence of money itself (rather than the capitalist relations of production and exchange with which we associate it), is often attributed the power to corrode social ties. In stating that payment would taint their altruism, the men cited here both mobilise and, are subject to, cultural discourses which state that money inevitably corrodes personal or community relationships and has no place in the realm of gifts.

Many other donors expressed more nuanced views on payment to gamete donors and suggested that a spirit of giving could co-exist with some kind of payment to donors. Such expressions were most often voiced by egg donors who felt that donors should

not be left out-of-pocket as a result of their donation. They described the necessity of taking time off work for appointments and for recovery from the egg retrieval process, as well as paying for travel costs. Bridget also highlighted the risk that further time off work might be necessary if any medical complications were experienced, including common side-effects such as mild ovarian hyper-stimulation. When they reflected on these direct and indirect costs, they often concluded that the £750 standardised payments now available to egg donors were approximately correct in order to ensure that egg donors were not effectively paying to donate:

You know, people always ask, you know, how much money did you get for it? But you know, see in the grand scheme of things, I don't think it's *that much* money for what you go through. You know, really it's not. Considering, especially the amount of money I spent in transport, up and down. You know, if you're taking days off work. 'Cos if you're taking days off work as well, you've got that to think about. And then you've got, you're injecting yourself with drugs and swallowing all these tablets. And then you're getting the actual procedure done. You know, if you think about it, it's not really enough to cover what you go through. But you know, again, it's not the point. I'm really not fussed about the money and I would do it for nothing.

(Rachel, egg donor, original emphasis)

But yeah just in terms of a professional woman taking all of that time off work and risking having to take even more time off work. It's a huge thing that's not adequately compensated for. And I don't think women should expect to be paid for it so they can do it for a job. But I just think, it's taking a day off work, you should be compensated for that day....And I'm not saying there should be any extra payment to acknowledge the pain or the hormones or the slightly increased risk of cancer. All of that is just a given. It's just to make sure that you're no worse off financially on top of all the physical symptoms.

(Bridget, egg share donor)

The perception that payment can co-exist with altruistic motivations is perhaps made viable because of the language commonly used in donor recruitment literature. Information leaflets and websites for potential donors commonly refer to “compensation” or “expenses” rather than payment, although not exclusively so. Clinic staff and donor information texts regularly refer to “altruistic” donors to mean unknown, non-patient donors. As seen below, such donors are termed “altruistic” in the same sentence in which compensation amounts are described, suggesting to the reader that no contradiction exists between payment and other-oriented motives:

Sperm donor payment - Payment of donors is prohibited. As a sperm donors you can receive compensation of up to £35 per clinic visit, to reasonably cover any financial losses incurred in connection with the donation, with the provision to claim an excess to cover higher expenses (such as for travel, accommodation or childcare).

(HFEA website, 2013)

Egg Donors can be compensated £750 (includes expenses) for each altruistic egg donation cycle.

(Egg donor information leaflet, Greenview)

It was also common for clinic staff to suggest that payment, and some level of financial motivation, could co-exist with a desire to help others. Whilst some concerns were raised about the possibility of people donating *only* for monetary gain, financial incentive and altruistic motivation were not generally presented as mutually exclusive. One doctor made an analogy with medical professionals, and others working in caring professions; people may seek such work because they want to help others. However, they still expect to be paid fairly for the work they do. Like donors, staff cited the costs incurred as a result of donation and the need for payment in order to ensure donors were not effectively paying *to* donate:

And even if they were doing it for money, I'd like to think that they're still doing good to the society. So if, like anything in the world, we are working for money. We do our jobs for money. Then someone could get back and say, you're not a good doctor because you're taking a salary.

(Mark, Hillbrook)

And I think [fixed payments are] more of an incentive as well for people to come forward as donors. But then one of the donors that's come through, she is, she's very altruistic and she's got her family. She's a wonderful girl and has donated to us twice. And I'm sure for her, the money is a help because she's got young children. So she's doing it with that in mind as well. But she is doing it altruistically in the sense that she knows how much she enjoys her family and just wants somebody else to have that.

(Rebecca, Greenview)

It is not possible to ascertain to what extent the views of staff on this topic directly impacted on the perceptions of donors. It may be that the influence of their beliefs was limited since, as staff participants explained, they rarely discussed payment with donors and they were only speculating about the motivations of donors they had met.

Similarly, it was rare for donors to report discussing payment with staff, beyond the briefest of conversations. However, looking at staff statements alongside those in recruitment literature, it would seem that medical discourses surrounding gamete donation at least allow space for financial and altruistic motivations to co-exist, for “paid gifts” not to be paradoxical.

However, as both donors and staff discussed, retaining the spirit of giving under conditions of payment required balance and limitations. Whilst acknowledging the need for some payment, many donors and staff were wary of a US-style donation system which was commonly used to exemplify an unregulated market system. Both staff and donors described the American system as one where gametes were bought and sold at market prices, resulting in large sums paid to donors (particularly egg donors), differentiated according to the desirability of the donors’ genetic material. Interviewees strongly disapproved of this approach to donation, often in a seemingly instinctual way – a gut reaction that this was not the right way to do things. Where more specific reasons were given, donors and staff talked about the possibility for exploitation of donors, particularly college students seeking a means of paying their fees, and the inappropriateness of recipients having such a level of choice over their donor’s characteristics. Interviewees particularly disliked the idea that recipients might be selecting characteristics from a catalogue of donors. Such an image seemed to have eugenic associations – raising the spectre of “designer babies:”

[On the US system] I think that’s a bit sort of, you know....designer baby almost, isn’t it?

(Laura, known egg donor)

I’ve been at the BFS [British Fertility Society] in [city] and my colleague and I were looking at this stand. And it was... honestly... I don’t know how realistic it was. It was sperm that you could buy from America, right. So it was like flicking through a catalogue of Brad Pitts, with their academic... and you know...And their likes and their dislikes. And you think, oh my goodness. How real is that? I mean, you have no way of knowing surely. In this country, I would probably have more faith in this country ‘cos we are very heavily regulated as opposed to other countries. And with the sperm donors you wouldn’t be choosing them for their look....That’s more your designer babies.

(Kate, Hillbrook)

In contrast to their self-portrayal under the UK system, donor participants portrayed US donors as vulnerable workers at risk of exploitation:

LG: How do you feel about the new payment system, do you know about it?

S: I don't really know what to think about it, because I know it's rather exploited in America. I know they've got a lot more money doing it in America. And I think because of that, the clinicians don't give the full facts of... This is just from what I've read on the internet and stuff, some really scary stories. And people do it countless times to get themselves through college and stuff. It just doesn't... It's such a big thing to do. But I think it's a very small amount for you're doing it. In this country it's a small amount that you get paid. So suppose it's a decent compensation, and I think it's that small an amount that it's not something that people will want to do again and again. £700, isn't it? Or is it less than that?

(Sarah, egg donor)

The US system was often compared with the UK system – to demonstrate how the level and character of payment here was distinctive, but also as a warning of how things could go “too far.” Staff and donors did not want an American-style system but many acknowledged the difficulty of setting payment at a level where such a market did not develop. After some consideration, many donors concluded that the current levels of standardised payments permitted to UK donors did not create such a system but were wary of increasing the levels further.

Donors' ability to frame their donation as a gift, whilst accepting or acknowledging the necessity of payment, was not only influenced by the *amount* of money which was paid. The way in which payments were made and discussed (or not) was a key factor enabling donors to tell their stories in this way. I suggest that it is the very absence of discussion of payment in the clinic which makes it possible for some donors to claim expenses or accept payments without undermining their own sense of acting altruistically. All medical staff told me that they did not personally discuss payment with donors. Often information about payment was conveyed primarily via information leaflets or, at Greenview, was included briefly in the initial telephone screening process for new donors. Several donors told me that when they first decided to donate, and even during the process, they did not know if, or how much, they might be paid and that it was not important to them. I suggest that *not* having this specific information enabled them to distance themselves from the position of



“worker” and the notion of monetary exchange. In addition, donors described acquiring knowledge of payment via passive means - others had told them about it. They were not active agents in pursuit of this information. Payment was something which happened *to* them, not something which they had sought out:

LG: Did the clinic offer you any payment for donating?

D: I believe there's something but I'm not 100% sure what. I'm not, I wasn't in it for the financial gain. [Counsellor] mentioned there's some sort of gesture payment at the end. But I'm not in it for that so whatever that is, it's gratefully accepted but again it's not expected, so to speak....I've never had, I don't want to say this quite rudely, I've never had the audacity to turn around and say how much is it gonna be? Whatever's given at the end will just be given.

(Daniel, sperm donor)

Yeah I knew you could get paid for it. I didn't know what the amount was or anything. I had no idea.

(Rachel, egg donor)

I did get my expenses paid. So that was really handy, actually. And I didn't expect that but [recipient] said to me, they will pay your expenses so mention it to them. Because obviously it was a drive to and from [clinic location] so, I don't know, 60, 70 mile round trip. Which I wouldn't have minded but they said, we'll pay your expenses.

(Laura, known egg donor)

### **Barriers to constructing payment as “compensation”**

Talking (or not talking) about money in particular ways impacted donors' perceptions of their actions and their place in the health care system. This can be seen most clearly when clinic discourses disrupted donors' established ideas about their role and their donation narrative. Anna's story is a good example. During her interview, Anna described at some length the impact of a comment from a staff member at the time when her expenses were paid to her. The staff member's suggestion that she was being given “a lot of money” was offensive to her since it implied her own motivations had been financial and undervalued her desire to help others. This experience, she explained, had discouraged her from donating again (at this point she had already donated twice anonymously) until she came into contact with her known recipient via an online forum, several years later:

And I just felt like a slab of meat to be honest. It was so petty. It was just something that [staff member] did. She gave me my travelling expenses. Now, I'd been up and down, up and down, up and down a lot of times. And she gave me it. It was the way she said it, "that's a lot of money," you know. And I thought, have you any idea what I've just been through? You can't put a price on that. My travelling cost is absolutely nothing to the gift I've just given. That's an insult. In fact, I wouldn't even need your travelling costs if your parking wasn't so horrific. Do you know what I mean? I was like, I'm up and down here like six times and...Do you know, it really annoyed me, it really annoyed me.

And it's not pleasant. Nobody does it for the travelling expenses. Oh, I mean, what a weird thing to say. So that annoyed me and that's why I stopped donating. It was nothing to do with the law.

(Anna, anonymous and known egg donor)

We can think of Anna's experience as a kind of "breaching experiment" (though not, in this case, a deliberate one), as advocated by Harold Garfinkel (1967), in the sense that it reveals social norms by violating them. Minimising discussion of precise payments, and certainly avoiding discussion of financial motivation, with donors seems to have become an established practice in the clinics. This norm enabled donors to accept some payment, whilst maintaining their position as altruistic volunteer, a role that they both perceived themselves to inhabit and was expected of them by others.

Interactions outside of the clinic could also challenge donors' conception of their own role. As Rachel explained, other people did not always believe that she had been motivated by a desire to help rather than for financial gain:

But people think I'm lying when I say even if I wasn't gonna get paid for it, I would have done it. And I would still do it as many times as I could, as my body would let me, even if I wasn't getting paid for it. You know, 'cos it just was *not the point*. I wasn't doing it for me. No one believes me when I say that

(Rachel, egg donor)

These experiences, or at least the reporting of them during the interview, were more common for "altruistic" donors donating post-2012 and the introduction of standardised payments. This would seem to suggest that, for the wider public beyond the clinic, such payments could less easily be understood as compatible with altruistic motivations. It is also possible that donors in receipt of standardised payments felt less secure in their own narrative that they were acting altruistically

and so these challenges are attributed greater significance, more often remembered and reported. Several donors reported that when they discussed donation with others, people's first comment or question was on the topic of payment.

One of these donors was Rachel but, in general, such responses were more commonly reported by men. These men explained that the public, in general, tended to perceive sperm donation as something men did to earn money and often they stated that others might see it as "easy money." Ian described hearing and challenging these views from friends who assumed that he had been paid and that he had been financially motivated:

See I never ever done it for the money, money didn't interest me at all. I done it to help people. But I dare say, a lot of people that I spoke to about it were, oh you get paid for it. Wait a minute! I mean, I said, any penny I've ever had I've given to [children's hospital].

(Ian, sperm donor)

I think there is something that's seen as a bit kind of... well, you're getting paid to have a wank aren't you?

(John, sperm donor)

'Cos if you watch, this is what I said to [counsellor], you watch Friends, you watch other American sitcoms, where sperm donation is, you walk in off the street, you get money. That's how it's portrayed in the media.

(Daniel, sperm donor)

I suggest that male participants more often reported these kinds of assumptions because of a continued stereotype of sperm donors as financially motivated (see also Wheatley 2016; Almeling 2011). This view was evident amongst female interviewees who, despite having emphasised their *own* altruistic motivations, failed to see that their male counterparts might be similarly motivated:

I mean a lot of guys. I think they would tend to do it for financial gain more than anything. I don't think they're interested to find out what would become of it. I don't know. That's just maybe an erm uneducated statement to make.

(Karen, egg donor)

But what motivates a, or is there a factor which motivates a male altruistic donor? 'Cos I can't... Is it money? I can't... 'Cos I go, why would a bloke walk in and do that? Unless a family member or a...

(Hannah, known egg donor)

The way in which these participants gendered financially motivated donation is interesting in the context of previous work on gamete donation and gender and the findings of my own interviews with sperm donors. Almeling's (2006; 2011) research compares cultures within US egg and sperm banks. She found that, in stark contrast to egg bank staff's expectations of female donors, staff in the sperm bank *expected* male donors to be motivated by money and "too much" interest in the recipients of their donation was deemed inappropriate. Such gendered expectations about the appropriate motivations of male and female donors would help to explain Hannah, Karen and the wider public's, assumptions that sperm donors would be donating for money. However, as I have already demonstrated, in contrast with Almeling's findings and the wider sperm donor stereotype, the male donors in my sample were amongst the *most* critical of donors who acted in exchange for money. Similarly, despite the availability of £35 per visit payments to sperm donors, those clinic staff I interviewed did not suggest that current male donors were financially motivated nor was there any evidence that they expected them to be.

### **Explaining men's reluctance to accept payment**

Why did male participants so forcefully oppose their altruistic intentions to the world of money, meaning that they often opposed payment to donors? As I have explained, given the prospect of contact with offspring, it was important to all donors that their donation be perceived as a gift, an act undertaken with the intention of helping others. However, why were sperm donors less likely or able to accommodate payment within this framing of donation as an altruistic act? I offer two key reasons.

For the first, I borrow Zelizer's (1994) insight that the social practices, including earmarking and discourses around money, transform its social meaning in different contexts. Applying Zelizer's insights to my own findings, I suggest that, in our cultural imagination and discourses about sperm donation, their payments are already earmarked as "beer money." Sperm donation is stereotyped as a job, often

undertaken by students seeking a little extra cash - a stereotype which is connected to the way in which sperm donors have historically been recruited. From the 1970s-1990s, financial incentives were advertised to potential sperm donors and students were often targeted, particularly medical students (Speirs 2008). In addition, a perception of sperm donation as a job is reinforced in the clinics' information literature which expresses sperm donor payments as "per visit" rather than as a lump sum. Paying per visit encourages a view of such payments as earnings because the amount paid directly reflects the time spent in the clinic. The number of times egg donors come to the clinic may vary but they are always paid the same amount. In addition, because £35 is a relatively small amount it reinforces the idea that this is a little extra cash, not something which will be spent on something significant (note the contrast with Rebecca's earlier assumption that the egg donor she describes would spend the money on her young children (p.173)). I suggest these assumptions about sperm donors, and payments made to them, were effectively barriers to sperm donors talking about their payments as bonuses, in the way some egg donors did, because socially their payments had already been categorised as "beer money" earned through a side-line job – albeit an unusual one.

The second reason that sperm donors were less likely or able to talk about their payments as "compensation" was because, in order to present their donation as a gift, men tended to be much more reliant on a discourse of pure gifts or altruism, as absolutely opposed to self-interest and market exchange (Parry and Bloch 1989; J. Parry 1986). For them, their donations were gifts precisely because there was nothing at all in it for them and certainly not money. Whilst egg donors did also draw on this discourse, they often also drew on the concept of the personal or relational gift. For them, their donation was a gift because it was personal and intimate. As Chapter Five demonstrated, they often spoke about feelings of connection with or interest in the recipients – sometimes they wanted to meet them or find out more about them, they imagined the impact their donation would have on their lives and they often imagined shared experiences like pregnancy, motherhood or the experiences in the clinic. As I described in the previous chapter, stigmatisation of donor insemination and male infertility meant that male donors faced particular social barriers to talking

about personal connections with recipients. As a result they were less able to draw on a discourse of personal, relational gifts to construct their donation as an altruistic act, instead they relied more heavily on an ideology of the pure gift and therefore an absolute rejection of financial motivation.

### **Donors and clinics in partnership?**

Donors generally assumed that the aims of clinics, and the wider healthcare system, were in line with their own – that they were all aiming to alleviate the suffering of infertility and that all people have an equal right to such treatment. Donors trusted that the system was organised towards this shared goal and often believed that the clinic, rather than themselves, was best placed to ensure this.

This view of clinics was evident in donors' discussions of the matching process. Donors saw the matching practices of clinic staff as consistent with the idea of a universal right to healthcare, and (at least the chance at) parenthood. Since unknown donors did not know their recipients and the vast majority chose not to place any restrictions on who they might be (see previous chapter), it was possible for them to conceive of recipients as universal, non-specific others, with all possible women and couples being seen as equal. In the absence of such restrictions, donors assumed that gametes would be distributed fairly. Although it was rarely made clear what constituted fairness in this context, donors like Eve implied that medical need played a part in allocating gametes:

I don't really see [who the recipient is] as being my choice to be honest. I think they way that I perceived it was just, here you go hospital. There's something that can help other people. You can decide the best way to do it. You're the guys that have got access to the waiting list. You know the treatment and where's the demand needed most. I'm essentially just giving you what you need and you can go and distribute it wherever you want. I think I would rather it was just the hospital that just used them where they're needed most.

(Eve, egg donor)

A sense of shared purpose and partnership with the clinics, was augmented by conversations with welcoming staff who appeared to appreciate their contribution, particularly when donors felt they had become a personally known and valued contributor:

LG: So did it feel like they were quite grateful then for your donation?

Z: I think so. They were certainly incredibly nice, very professional, very willing to take the time to go over things if I was curious about things. 'Cos I tend to be very nosy about what's going on and what's happening? So any opportunity I got I was like, what happens at this bit? And they'd produce the next set of sheets and we'd go through what was actually happening, what my body was doing.

(Zara, egg donor)

For Daniel, this welcoming, personal atmosphere was something he associated with having donated at a small, private clinic rather than a large, NHS institution:

D: I think that the staff treat you as you. Like every time I walk in, God knows how many people go through the door, but they always know who I am.

LG: Really. Like the receptionist?

D: Yeah I walk in and it's like, hi Daniel. How are you? Just confirm your date of birth for me, Daniel. I don't need to say my name. It's very, very personal. The doctors, they're all very grateful. They're all very thankful. Even the nursing team upstairs is very thankful. The embryologists downstairs, they stop and have a chat with you when you go in.

(Daniel, sperm donor)

Many donors commented on the friendliness of staff in clinics and the relationships they had developed in their time as donors. In particular, Rob had developed a friendship with one doctor which had continued beyond his time as a donor. These more relaxed, friendly relationships most often developed for sperm donors, who would usually be visiting the clinic regularly over an extended period of time. In contrast, egg donors would visit the clinic more intensively over a shorter period of time and, in their time there, would undergo almost identical procedures to women in the early stages of IVF. Male donors, once screened and beginning to produce samples for the clinic, underwent no medical processes, there were no further medical risks to be explained and so their role was more distinct from a patient's. It is perhaps for this reason that more informal relationships seemed to develop between male donors and clinic staff.

Interactions with clinic staff could also extend donors' knowledge of the donor conception process and fertility treatment system. For example, many donors came to know about the shortage of donors via discussions with clinic staff, prompting for some the ambassadorial work previously described. Rob also enjoyed the opportunity to visit the laboratory and witness how his donated sperm was then treated and frozen. These experiences and conversations perhaps also developed in donors a sense of working in partnership with the clinic.

This sense of joint enterprise with the clinic and an investment in the aims of the wider (public) health system are also evident in the reasons given by two donors for not accepting payment from the clinic. Liam and Maya felt that to do so would be directly taking money away from the work of the clinic and therefore from potential patients. In both cases, the donors had donated via NHS clinics and felt that the money offered to them could be better spent on funding treatment:

God no. I rejected it [the offer of travel expenses]. I thanked them very much for the offer. That was very nice of them but would they like to put the money into something a little bit more practical?

(Liam, sperm donor)

Well, I kind of felt like we're doing this 'cos we want to. The hospital are going out of their way to help us. I'm not going to take money from the Assisted Conception Unit when they're going out of their way to do this for us.

(Maya, known egg donor)

For Maya, her decision not to claim expenses was connected to her view of the clinic as an institution that was helping her sister. For her, to have taken money would not have made sense because she perceived both herself and the clinic to be acting with the shared aim of helping her sister. Grace was not offered payment by the clinic but, whilst joking that she could have used the money, explained that she did not mind that her expenses were not reimbursed because she recognised that the clinic had been acting to help her sister. She situated her specific gratitude to the clinic in the context of an appreciation for the wider, publicly funded healthcare system, which she had recently directly benefited from herself:



[Explaining why she did not mind that she had not been offered payment for expenses] You know, we are just so grateful to the hospital for doing what they did. And that the health system here is free and things like that.

(Grace, known egg donor)

However, this sense of partnership was sometimes undermined if donors did not feel that their contribution to the work of the clinic was valued. This was most strongly evident in Anna's description of her experience at Hillbrook (p.177), when she felt she had been treated as a "slab of meat" and that a particular staff member had not appreciated the effort that had gone into her donation. However, some other donors also described ways in which they had felt undervalued at times. These were often related to a lack of, or delayed, communication from the clinic, either during the donation process or afterwards. Sarah had a particularly negative experience. She described how the doctors at the clinic had made no acknowledgement that she was donating to help others, rather than undergoing the procedure as an IVF patient. In addition, she was upset to find that there was no follow-up from clinic staff after she had come home from her egg retrieval. During this time, she had been in significant pain and had difficulty walking. The abrupt loss of contact post-donation left her feeling used and unappreciated:

Yes, the injection and the procedure was explained really, really well, but what happens afterwards wasn't. You weren't told, "we'll get what we want from you and then we'll forget about you." No one phoned to tell me what the outcome was. There weren't any follow-up appointments to see how I was feeling physically, mentally. I did actually a few weeks later ring the hospital up and said it's disgusting that the people that do this are not followed up.

(Sarah, egg donor)

A few other donors recounted experiences which might have temporarily undermined this sense of partnership. However, these were generally presented as minor incidents and often excused as simple mistakes or a by-product of a busy working environment. For example, Ian had been mistakenly asked for payment by the receptionist who had assumed he was freezing sperm samples for his own future use rather than for donation. Liam and Laura also found themselves chasing up clinic

staff at times, in order to progress the donation process, putting them in the slightly strange position of needing to hassle the clinic in order to donate. However, these events were portrayed as very temporary and minor challenges to donors' position at the clinic. In fact, by giving the opportunity for donors to show their understanding of the time pressures staff were under, it might even have heightened donors' sense of partnership with the clinic:

If I was ever going to criticise it's, they are very bad at keeping in touch. They really are. But then they've got a lot on their minds and got a lot to organise. But there was just a couple of incidents where you think, I've not heard anything in a month now, I'm fairly certain I should have gone back. Do you still want me as a donor? Oh you forgot to call me. Hi, when do you want me in? It's just things like that.

(Liam, sperm donor)

And I think the communication could definitely be improved. Obviously everybody's busy. There's a lot of demand. But it was very much you had to contact them to get any sort of answers, any sort of results. So that's, I'd been warned. And I think that was less of a problem for me than it was for [recipient]. Obviously, she was the one who was desperate to find out, you know, what was gonna happen

(Laura, known egg donor)

Another, less common but perhaps more significant, way in which the partnership model of clinic-donor relations was occasionally undermined was through reference to the continued journey of donated gametes into a market system of exchange. Donors rarely talked about how exactly recipients procured gametes. Implicit in their references to principles of universal rights and equality, they seemed to suggest that they would be distributed on the basis of need. Their frequent comparisons between blood, organ and gamete donation perhaps also implied an assumption that processes of allocation are similar in each of these systems, with medical criteria being the key deciding factor. However, in practice, and as I suspect many donors were well aware, the ability to pay is a significant consideration governing who will be able to access donor-assisted treatment. Clearly this was the case for those donors who had donated at Greenview, a private clinic at which all patients are self-funding. However, even for those who have donated via NHS clinics, their donations will not be available to all since access to publicly funded treatment in Scotland is limited by criteria which exclude certain persons, specifically single women, smokers and those outwith given

age and BMI restrictions (Infertility Network 2016). In addition, the NHS will fund a maximum of two cycles of IVF per person. In practice, this means that many women seeking egg donation may be ineligible for publicly funded treatment since it is common to first attempt IVF with the patient's own eggs. From my own observations within the clinic, it appeared to be standard practice to use a patient's own eggs in, at least, the first IVF cycle unless there was clear medical evidence that the woman would be unable to produce her own eggs.

What is perhaps surprising, given donors' apparent commitment to universal access and principles of equality, is how infrequently donors considered the status of the clinic at which they donated, whether it was accessible only to self-funders or also to NHS patients. During interviews, I asked whether donors had considered this as a factor in deciding where to donate. On two occasions, donors were not entirely sure as to the status of their clinic and the patients they treated. However, whilst most could state whether they had donated at an NHS or private institution, none stated that this had been a factor in deciding where to donate. This was despite the fact that, for donors at Greenview (a private clinic), an NHS clinic also recruited donors in the same city. In general, donors did not seem to have given their choice of clinic a great deal of thought. However, when reasons were given, "altruistic" donors generally opted to donate at their nearest clinic or the one via which they had learned of the possibility of donating. Egg-share donors made their decision as patients rather than donors – choosing on the basis of reputation, costs and/or convenience. Known donors followed the decisions of their intended recipients – usually their recipients had already instigated treatment at a particular clinic.

Donors' lack of distinction between NHS and private clinics is perhaps explicable through the particularly blurred boundaries between public and private in the funding and provision of UK fertility treatment. In this medical field, due to the restrictions on NHS funded treatment, it is common for patients in publicly funded institutions to be paying for their own treatment. In addition, patients themselves are not easily separable into self-funders and those funded through the NHS. Many patients will

transition from one group to the other. Some will begin in the NHS before moving on to private treatment once they have exhausted the number of cycles they can access freely. Others, like Bridget, may pay for one or more cycles of IVF whilst also having placed themselves on the NHS waiting list, accessing this treatment if their privately funded cycles are unsuccessful. With the exception of egg share donors, many donors may not have been aware of the intricacies of NHS criteria and funding arrangements. However, it was clear from my interviews that donors widely understood fertility treatment to be expensive and were aware that NHS funded treatment was certainly limited:

L: And these people are going to have paid, I dread to think how much money. Because I doubt that this is covered by the NHS.

LG: It can be. Did you donate at an NHS hospital?

L: I think it was, yes. I hope it was. Yeah it was. Yes it was. Sorry I had to think then. No it definitely was. I remember the blue and white logo. It's that element thing, I know in most cases people are going to pay for that service. That's the way it goes.

(Liam, sperm donor)

Given the general impression that fertility treatment is something which is paid for by patients, donors may not have made the distinction between privately and publicly funded institutions, as perhaps they might have done if a dual system operated in relation to blood donation and transfusion.

However, where the topic of high treatment costs and profit-making did arise, these could be jarring to donors' understanding of the process in which they were engaged. The idea that recipients could be paying for treatment (at significant cost) seemed incongruent with the spirit in which it had been donated – as a gift intended to alleviate the suffering of potential recipients and/or as a way of contributing to the community. In the main, donors considered the topic only briefly, sometimes with an element of disappointment or surprise, before moving on. For example, reflecting on his reasons for donating, Daniel imagined that, as a gay man, he might one day require the services of a fertility clinic in order to have a family. However, as the interview continued, he realised with an element of surprise that he would not be able to afford to pay for treatment at Greenview, if he required it in the future, leaving him in the slightly odd position of not being able to afford his own sperm. However,

he moved on quickly from this discovery and, as I will go on to demonstrate, in other ways presented the high cost of treatment as a positive:

It's a lot of money and the way I've read the price list, I would be quite, I don't think I could afford to go there myself if I wanted the help.  
(Daniel, sperm donor)

A similar sense of disappointment is present in Tom's words when he considered that the clinic might be selling on his freely given donation to his intended recipient. He did not explain exactly why but he viewed such a process as wrong. I suggest it is because to sell on his donation would be out of step with the spirit in which it was given and would undermine his understanding of the clinic as a facilitator of the gift, a partner with shared aims. However, as this brief extract shows, Tom quickly moved on from this topic and began to justify any charges to the recipients on the basis of storage and treatment costs. Here, as is the case in Liam's extract above and during interviews with many other donors, there is a sense that donors do not want to think about the costs of treatment for recipients:

Because it's my donation to them. So it would be a bit of a miff if Greenview kind of charged them for it right? But they might charge for storage, for freezing and things like that. Which they probably do....  
And it's probably expensive. I guess it's expensive actually. I didn't really discuss costs with them [the recipients] too much about these things. I figured I don't want to know. Almost I don't want to know how much they have to pay to do this.

(Tom, known sperm donor)

However, for one man, the incongruence between his own act of giving and the subsequent cost to the recipients was much more emotive. During the interview, Ian reflected on the costs of fertility treatment to potential recipients. His original decision to donate had been prompted by the knowledge of a colleague's difficulties conceiving and he remembered this man telling him about the thousands of pounds he had spent on treatment, without success. It seemed to be only during the interview that he came to consider the clinic's status as a profit-making business. To Ian, it was "disgusting" to imagine that others, as he put it, could be profiting from his friend's

distress. It is worth noting here that Ian is the same donor who had donated his payment (which might have covered his travel costs) to a local children's hospital:

I: I mean, I would quite imagine that it's probably quite dear to have a baby on, well [friend] said to me they'd spent twelve and a half grand trying to have kids. So they must be charging people an absolute fortune to. Which I find quite disgusting. I'm sorry. I find that sad, very, very sad. I find that very, very sad.

LG: The private clinics?

I: So they're not just getting hurt twice. They're getting hurt twice. They're getting hurt because they can't have kids and stung for it, paying an absolute fortune for it...

I: And I suppose Greenview, I would have to imagine that they'd be much the same. Well it's a business isn't it?

LG: Aye. But did that matter to you? Did you think about donating to the NHS or private?

I: I never thought about that. Well I would donate to NHS no bother if they asked me. No problem. I would donate to anybody.

(Ian, sperm donor)

I have shown that donors could experience a sense of incongruence when they reflected on the altruistic spirit in which they made their donation alongside its transition into a market system in which high prices were charged and profits made. However, at times, some donors actually recognised benefits to the private system. Donors commented on the additional time and attention they received in a private clinic and the superior facilities – particularly the more homely (less institutional) environment at Greenview:

And you know, a clinic's a clinic but they were really interested in you and your story. Even though they see hundreds of people a day, you know, you really felt at home. Which I think obviously let's face it at the end of the day the NHS don't have enough staff to do these kinds of things. So it does make a difference but just because you pay for something doesn't always mean you get a better service. And I have to say with them, you know everything from the reception staff, the magazines, the TV, I know it sounds really daft but you really felt in a comfortable environment to go through it all.

(Yasmin, egg share donor)

And Greenview was a bit fancier than the [NHS hospital]. You know, you've got a nice flat screen telly in your room. That sort of thing.

(Nina, egg share donor)

In addition, whilst maintaining a belief in a universal right to access fertility treatment, some donors explained that the high costs of treatment (as well as the significant effort required), would mean that candidates unsuitable for parenthood would be screened out. Since the costs were high, some donors reasoned that only those who were “desperate” to become parents would seek treatment (see Chapter Five):

Daniel also celebrated the fully developed market system in which his donation took place. For him, formalised bureaucracy, including financial contracts, brought with it a sense of legitimacy to counter perceptions that sperm donation was “seedy” or part of a “black market:”

I think that's the thing that people are most shocked about is how professional it is. I think that's the most shocking aspect of it. That people don't realise that it is a market. I know I probably shouldn't say market but it is in the private sector. There's a big market out there. And it's there. It's not seedy. It's a natural thing.

(Daniel, sperm donor)

Although Ian, the most outspoken critic of privatised fertility treatment, did not find any comparable benefits in a self-funded system, he appeared resigned to the fact that profits would be made in this way. He did not seem to regret having donated at a private clinic nor did he specifically criticise any individuals working within the private system. In the end, he expressed sadness rather than anger at the way the healthcare system is organised:

I think it's sad they took that amount of money off of people to give them a chance of creating a life. I think that's quite sad. But I suppose business is business. But I'm just soft that way.

(Ian, sperm donor)

## **Conclusion**

In this chapter, I have shown how the donors presented their donation as a communal gift, an act of good citizenship or “doing their bit” for the wider community. They

often made comparisons with blood or organ donation, giving to charity or voluntary work. In order to maintain this presentation of donation as a community-minded, other-oriented act, they made a distinction between donation as a way of helping and donation as a financially-motivated act or job. This distinction was of particular importance to donors in light of the knowledge that they may one day meet their donor offspring who might ask them about their motivations for donating. The possibility of offspring learning that their birth had resulted from a financially-motivated decision was seen to be emotionally damaging.

However, the contention that they didn't donate "*for the money*" did not mean that all participants opposed any payments being offered, or accepted by, gamete donors. Some (including the majority of sperm donors) *did* make an absolute opposition to the world of money in order to construct donation as a gift. In this sense, they drew on a discourse of "pure altruism" as absolutely opposed to the world of money and market exchange (J. Parry 1986; Parry and Bloch 1989; Laidlaw 2000), in order to construct their donation *as* a gift. However, as Zelizer (1994) argues, such a view of money is not inevitable and many of the egg donors I interviewed constructed payments to donors as appropriate "compensation," compatible with a spirit of altruism. I suggest that part of the reason egg donors more often took this nuanced view of payment was because female donors faced fewer constraints to constructing their donation as a personal, relational gift (see previous chapter). They were therefore more able to draw on this alternative or concurrent gift discourse in order to construct their donation as a gift. In comparison, sperm donors faced barriers to presenting donation as a personal gift to a specific recipient and so were more reliant on an ideology of the pure gift, and therefore this absolute opposition to financial exchange, in order to present their donation as other-oriented.

I argue that, as a rule, donors' interactions with clinic staff and texts, facilitated their perceptions of donation as a communal gift which enabled medical staff to carry out their work of helping those experiencing infertility. This was achieved largely through the absence of money in donor/staff interactions as well as the gratitude and



friendliness of clinic staff which encouraged donors to think of themselves in partnership with clinics. However, interactions and practices both within and without the clinic posed barriers to this view of gamete donation. Firstly, a few donors reported experiences where clinic staff offered no acknowledgement of their altruistic motivations, either implying they were financially motivated or (more commonly) treating them as any other patient. Outside the clinic, male donors faced particular challenges to their portrayal of donation as an other-oriented act due to the continued stereotype of sperm donors as financially motivated young men. Finally, I argued that donors could experience a sense of incongruence when they reflected on the transition of their donation (seen as voluntarily given, even if some payment was accepted) into a system where the actions of staff and the organisation of institutions are motivated, not only by an intention to help others, but also by an imperative to make profits. Such reflections could undermine donors' sense of working in partnership with clinics, with the shared aims of helping those in need. However, these feelings of incongruence were generally managed either by simply choosing not to think about the costs of treatment or by reflecting on the benefits of a market system in fertility treatment.

To conclude this chapter, I wish to highlight the connections between how donors viewed themselves in relation to the community and how they viewed themselves in relation to recipients and offspring. The ways they constructed their roles in these regards were mutually constraining and enabling; a sense of responsibility towards offspring meant it was particularly important that they presented their donation as an other-oriented act and distanced themselves from financial motivations. However, barriers to male donors constructing personalised connections with recipients limited their ability to accommodate payment with this narrative of donation as a gift. Furthermore, as I will show in Chapter Eight, the way in which they framed their donation as a civic-minded act provided a discursive resource via which they qualified the kinship implications of their connections with offspring.

# Chapter Seven

## Substance and Stories: Connections with Donor Offspring

In this chapter, I examine the ways in which donors described their role in relation to their donor-conceived offspring. I analyse how donors spoke about connections with potential, or actual, offspring and the meanings these connections had for them. The donors I interviewed were unanimous in their rejection of a parental role in relation to any actual or potential donor offspring. However, given the existence of identity-release legislation and the potential (at least at the time of their donation) for future contact from offspring, this raises more questions than it answers. As might have been expected or encouraged of anonymous donors (Speirs 2008; see also Graham, Mohr, and Bourne 2016), it was not the case that donors simply screened out or rejected the social significance of their role in conception. All donors were open to the possibility of contact from offspring in the future and all but two supported the donor offspring's "right to know" the identity of their donor parent(s). So if they did not see themselves as parents, what role *did* donors see for themselves in relation to these potential persons?

Although their words were regularly premised on uncertainty and many commented on the futility of attempts to anticipate the future, it is possible to identify five key ways in which donors depicted their role. The most frequent way in which donors positioned themselves was as a bio-information resource for their donor-conceived offspring. In this sense, they were a source of genetic information which could be useful (sometimes essential) for offspring to make sense of their identity. Secondly, donors often presented themselves as a narrative support for donor offspring – someone who could help offspring to situate and extend the story they had of their life. Thirdly, donors sometimes described their relationship with offspring as a link to a wider network of relations and particularly as a means of creating connections

between half-siblings. Least commonly, donors talked about a latent “instant connection” which might be activated should they meet with their donor offspring in the future. Finally, some known donors spoke about their relationship to offspring as “just as if” the recipient had conceived without their help, as an aunt or a family friend.

The final sections of this chapter reflect back on the data presented and consider why donors articulated their role in these ways. What kinds of wider discourses are they drawing on? I argue that, in order to make sense of their connection to offspring, donors drew on ideas and practices associated with “doing family.” As will become clear throughout this chapter, they often made comparisons with their own family relationships in order to explain why they might be able to offer offspring some support with such things as identity, belonging and narrative building. Donors deconstructed their own kinship practices and discourses, selecting and borrowing particular aspects which they deemed appropriate to enacting “donor parenthood”. However, as I explain in the following chapter, these references were always qualified to make clear that, although these kinds of comparisons were helpful, they did not see themselves as *really* family, and certainly not parents to donor offspring.

### **“I’m not their parent but they have a right to know where they came from”**

Donors were unanimous in their rejection of a parental role in relation to donor-conceived offspring. Instead, all attributed this role to the recipients and intended parents. In doing so, they often compared the relative insignificance of their contribution to conception with the love, care and sheer amount of work that went into raising children and defining somebody as a parent. Donors were keen to state that they did not see their role as in any sense comparable to that of the parents:

I just don’t think of them as mine. But I think it’s because there’s no emotional connection there. There’s no mother-child bond there. When I donated, at that point it’s just tissue. It’s just body tissue. As far as I can tell, it gets fertilised, and it’s successful and it becomes something else. At that point it stops being mine and starts being the person’s, who it’s been

implanted in. And it's them that makes the bond with it. It's their child as far as I'm concerned. I think it's just like, say anybody can be a father but it takes something special to be a dad. That's what it plays on to me. I'm their mother in terms of biologically but I'm no way at all their mum. They're no way at all my child. I haven't raised them, I haven't given them values. I haven't taught them I haven't nurtured them in any way. So for me they're not my child.

(Eve, egg donor)

They're your parents. OK these are the guys who've changed your nappy and fed you and dressed you for the last eighteen years. They're your parents. I just happened to help get you here. I'm not going to tread on your Dad's toes. I'm not going to become a father figure. I'm not going to be this magical person that's going to solve anything that's wrong in your life in the world. 'Cos that's your parents that do that.

(John, sperm donor)

These findings chime with the work of Edwards (2000) and Thompson (2001; 2005), amongst others (see also Chapter Three), who have demonstrated the flexible and contingent significance of biogenetic substance and processes in constructing kinship relations. Biogenetic substance or processes *may* be activated in order to construct kinship connections between persons. However, as here, they may be deemed insignificant in comparison to the strength of social ties formed through everyday care and interaction.

The anthropological literature also demonstrates that the particular processes and substances which people count as “biological” or “natural,” and which are subsequently referenced in order to construct kinship connections, are themselves contingent and flexible, sometimes remarkably so (Thompson 2005; Bestard 2009). Again, there are parallels with my own findings. In attributing the role of parent to the recipient, donors (primarily egg donors) often emphasised the importance of pregnancy, birth and breastfeeding in defining a mother, whilst genetic connections, though not *generally* insignificant (as I will go on to show), were not deemed relevant to defining parenthood:

And as far as I'm concerned as soon as they take these eggs out of me, they're implanted into somebody else and this baby is going to start to grow. As far as I'm concerned, that is that woman's. That is that Mum-to-be's

baby inside her, growing and growing. And then she'll give birth to it. I don't see myself being any part of that whatsoever.

(Karen, egg donor)

You come back to the sort of nature and nurture debates and discussions I've had with the children is yes, genetically, she is half my DNA but she's been carried through a pregnancy by somebody else who's given birth to her, who is her legal mother, who is her, you know, her Mum in every way. I'm just the bundle of cells that got in there somewhere.

(Debbie, egg donor)

In these extracts, participants imply that if they were to present themselves as parents to offspring then this would undermine the status of the recipients as the true parents. They find it necessary to strongly reject the role of parent in order to reinforce the recipients' position, to avoid "treading on [their] toes." In such statements, donors presume a model of families in which there can be a maximum of two "real" parents (McCandless and Sheldon 2010) and that being a parent involves having one's "own child" – not something that can be shared beyond the intended couple (Melhuus 2012). Parental positions, donors imply, are both exclusive and gendered such that John (although he has agreed for his donation to be used by same-sex couples or single women) explains that he might be perceived to specifically tread on the "Dad's toes." Donors narratives suggested that if they were to present their relationship to offspring as, in any sense, parental then that would diminish the recipient's status and therefore undermine the intended gift of parenthood which the donor had set out to give.

Although donors clearly and explicitly rejected a parental role, they were aware that, by virtue of their genetic contribution to reproduction, they *could* be seen as parents to donor offspring and they constructed their position in opposition to this idea. I did not ask donors if they felt like a parent to donor offspring. Instead they rejected this possibility without it being raised. Donors' unsolicited and forceful negation of a parental role makes sense in the context of research which demonstrates the perceived fragility of social parenthood (for example Speirs 2008; Modell 1994) and an ideology of "biological" ties as enduring (see discussion in Chapter Three,

particularly Schneider 1968; Finkler 2000). Donors so forcefully and explicitly rejected the view that they were the “real” parent, precisely because they were aware of a cultural narrative which assumed that “natural” or “biological” connections are automatic and undeniable in comparison to their impermanent social counterparts. As Becker (2000) found in interviews with US couples undergoing fertility treatment, users of DI often reported fears that their children would reject them in favour of their genetic parent. Donors were aware that in the eyes of others, including recipients, they might be seen as an alternative parent and they sought to make clear that they had no intention of making such a claim.

As the reader will likely notice throughout the course of this chapter, despite these explicit refutations of such a role, it was not uncommon for donors to refer in passing to themselves as a parent to donor-conceived offspring. This was often a term which was qualified, as in “genetic parent” or “biological parent,” or corrected immediately after. It could be argued that these instances represent slippages or reveals of donors’ true feelings. I would argue against such a simplistic interpretation and instead suggest that such references reflect the lack of an alternative vocabulary with which donors could speak of the role they occupied in relation to offspring. Donors have little choice but to adopt (to some extent) the narrative that they are a parent to donor offspring because it is difficult to talk about their role without reference to the terms “parent”, “father” or “mother”. This is a problem I am sympathetic to given that I have faced similar difficulties in writing on this topic: How to discuss what it means to be a “donor parent” without assumptions embedded in the available language that such a role is in some way comparable to parenthood? Mirroring findings from interviews with Danish sperm donors (Wheatley 2016; Mohr 2015), several donors commented explicitly on this linguistic absence and others complained about the semantic mismatch of existing terminology with their own perceptions. Several donors sought to overcome this lack of vocabulary by distinguishing between the terms “mother” and “father” (to refer to biological or genetic parenthood) and “Mum” and “Dad” (who they presented as the true parents) or, in one case, between “children” and “offspring” (a convention which I have adopted in my own writing):

T: Yeah well it all comes down to if the child wants to know their, what's the phrase?

LG: I don't know.

T: The, the donor, donor father, the genetic father, I suppose.

(Tom, known sperm donor)

Mum and Dad are job titles, to an extent. So Mum and Dad did the whole growing up type thing. The people that are my mother and father. That's a genetic side of arghhhh. Language just fails me at that particular point.

You are fathering offspring. You are not a Dad. Big, big, big distinction.

(Liam, sperm donor)

And then once [the knowledge of donor conception]'s sunk down they may well [think], who is my real father? I don't really like that term 'cos I'm not their real father in that way. I'm not the one who's done the work.

(Rob, sperm donor)

Donors did not present themselves as parents in relation to donor offspring. However, this did not mean that they perceived their role in relation to donor offspring as insignificant. All but two of the donors I interviewed (the two exceptions were both known donors) supported the introduction of identity-release legislation.<sup>13</sup> All were open, to varying extents, to being contacted by donor offspring in the future. Echoing Mohr's (2015) findings, many participants commented that responsible donors should be willing to make their identity available and be prepared to meet, and potentially develop relationships with, their offspring in the future:

If you're a responsible donor you have to be prepared to, you know, at least have a meeting with a child that may be yours, eighteen years later

(Adam, sperm donor)

[Referring to an online conversation in which an acquaintance had considered donating eggs but had been annoyed that she could not be anonymous]. I just thought, you know, that was really horrible. If this poor kid wants to know where it's come from because it's not come from its parents really. You know, why not? Why shouldn't they? If you want to donate your eggs then you should be more than willing to deal with it, the aftermath of it. Not just wash your hands of it, walk away from the clinic

---

<sup>13</sup> The two exceptions were Laura and Maya, both known donors. Laura was considering the law from the perspective of potential recipients and worried that identity-release legislation might discourage would-be donors and so reduce the supply of gametes for those awaiting treatment. Maya explained that identity-release legislation would put her off donating to someone she didn't know for fear that future contact would disrupt her own family. She felt that the legal change had maybe been a step too far in the sense that contact could cause more problems than it was worth.

with your money in your back pocket kind of thing and that's you. I think I'd be more than willing to see them if they ever wanted to.  
(Rachel, egg donor)

The “right to know” discourse was a common theme amongst donors and several donors, like Anna, spoke emphatically about the ethical importance of donor offspring being able to know the identity of their donor:

I think they should have the right to know where they came from biologically. I am, I'm not their parent but genetically we are linked. And they have a right to know that. And I think that's important.  
(Anna, known and anonymous egg donor)

And that conversation [about tracing her birth mother] with [adopted friend] made me realise that children have a right to know where they come from.  
(Adam, sperm donor)

But I don't think anyone should ever be denied the right to where they come from. If that makes sense? I am in favour of the anonymity being lifted, so to speak.  
(Daniel, sperm donor)

In talking about the “rights” of donor offspring, participants seem to have adopted the dominant rhetoric used to advocate for identity-release legislation (Frith 2001; Melhuus and Howell 2009; Melhuus 2012), language that is often also used in information literature for gamete donors in the clinic. When first discussed, the “right to know” or the “right to know where they came from” was often given as an apparently self-explanatory reason why the law had needed to change. Further questioning and probing was usually needed in order for donors to elaborate on what they meant by these statements or why it might be important to donor offspring to have this information.

Whilst donors did emphasise uncertainty about what the future would bring, it is possible to identify five key ways in which donors articulated their role in relation to (potential) donor-conceived offspring:

1. An embodied source of bio-information for offspring.



2. A support for offspring in situating and extending the narrative they could construct of their lives.
3. A link to wider networks of potential connections to people and places.
4. A latent emotional connection between donor and offspring which would be activated were they to meet.
5. A relationship with offspring which is the same as it would have been, had the recipient had children without their help.

These five articulations did not map in any straightforward sense onto five different kinds of donors. Most donors articulated their role in multiple ways and, as is so often the case, given the messiness and complexity of social worlds, people's perceptions sometimes appeared contradictory or changed over time, occasionally even within the course of an interview.

### **The donors as a bio-information resource.**

Donors often presented themselves as sources of bio-information, information that was likely to be of value to any donor-conceived offspring. This was the most commonly cited, and frequently the first, response to the question, "Why do you think donor-conceived offspring *might* contact you?" Often comments were made about the practical utility of offspring being able to access this information, for example, to find out about possible future medical issues or to explain existing ones. However, donors tended to emphasise a non-medical use for this information. Many described a scenario in which, as a donor-conceived child grew up, particularly as they reached their teenage years, they might start to have questions about their identity. Specifically, they might wonder, "Why am I the way I am?" In this situation, donors explained that they might be able to help offspring to understand why they looked or behaved a certain way or had particular talents, mannerisms or personality traits. They imagined that donor offspring might like to meet or find out more about their donor in order to figure out if they had perhaps inherited particular traits from them, particularly if these were not traits they shared with the parents who had raised them:

I've had friends that's been adopted that can't find their parents but want questions answered. So I kind of I agree with, I know it's not the same thing but if they do have any questions like, why do I do this? Why do I do feel this? Why do I get a sore head? Why do I get, I don't know, growing pains at a certain age? Why this? Something that doesn't have, something that's biological from me, from my donation, do you know what I mean? It's just stupid little things.

(Daniel, sperm donor)

But you had to fill in, I remember filling in a big almost like a message to the baby, if it was conceived. And I remember, I just remember writing everything like if I was that child, what I would want to know. So I am a total perfectionist. So I was just kind of writing all the things that kind of stuck out in me that maybe they have that they were thinking, where did that come from? 'Cos my Mum and Dad aren't like that.

(Olivia, egg share donor)

Donors often invested considerable time and effort in trying to anticipate the kinds of information that donor offspring might want to know about them in the future. This was evidenced in the amount of thought they gave to their goodwill message and personal information section in the donor registration forms (the text that can be given to donor offspring if they requested it after the age of eighteen or sixteen for non-identifying content). All donors considered this message important, although for some it was difficult to write, or at least to begin writing. Two sperm donors had electronic copies of their messages which they kindly shared with me for the purposes of this project. Both men had written a message which ran to three pages of word-processed text. However, Liam's document was thirteen pages in total as he had scanned and inserted more than 25 photographs with captions of himself and his family from infancy to the time of his donation. Several donors explained that they had tried to anticipate what kinds of information the person might want or need in the future so that, if they decided *not* to get in contact, or, as two sperm donors explained, if they died before any contact was made, they might still be able to answer some of their offspring's questions:

And I wanted to put something and also to put enough information that if they decided not to get in contact that there's still some useful stuff there. Things they might like to know about.....Just like about hobbies and interests, things I was good at, at school. Or health, you know, 'cos I have problems with dairy. And it took a long time to work that out.

(Bridget, egg share donor)

And so I just thought that that was really quite important really. The future. That's actually, the letter that you could potentially write, you want to answer as many questions as possible. And so I struggled a long time with what to put on that. I hadn't told anyone at work what I was doing. So I just really had to sit down and give myself, how am I gonna structure this? You know and it's just my own moral standing really. Someone's gonna read this letter. You don't know when. What do they want to know? What are their issues?

(Rob, sperm donor)

Hello there. This is the bit of the form where I try and tell you, as best I can, all about me. Then with a bit of luck, this will go quite some way in helping you know yourself a little bit better perhaps.

(Liam, sperm donor, opening to goodwill message)

However, in writing these letters, many of the donors came to realise how difficult it was to, firstly, anticipate the kinds of questions donor offspring might have and, secondly, to articulate the kinds of information they might seek. Many of the things that donors thought they might pass on to offspring or that offspring might be interested in understanding about themselves were intangible or difficult to articulate. For example, they tended to talk about personality traits, mannerisms, a particular sense of humour or "ways of thinking" potentially being inherited by offspring. In contrast to information about appearance, it was this information that donors thought might be most relevant to offspring but was simultaneously the most difficult to articulate. For some donors it therefore followed that it would be necessary to meet their offspring in order for them to find out this kind of information about the donor and therefore to understand themselves better. This information was embodied. It existed in facial expressions, in the way they moved, spoke and interacted. It could be described but always imperfectly and could rarely be summed up in a sentence or two. It was only in meeting the donor and getting to know them that offspring might be able to understand why they thought or behaved in particular ways and whether these had been inherited genetically:

A: And I think they have the right to come and say, look I just want to know why I'm this, why I'm that. And answer questions. I think they have the right to know that. I mean, when you fill out the form for egg donation, you can write a bit about yourself so...Before they changed the law, so they could find out about you. But that says like, I'm five foot three, I've got brown hair, I've got green eyes. That doesn't tell you anything does it, really? It doesn't tell you about the person.

LG: What do you think they will want to know? Like you say, that is a bit superficial saying, five foot three, brown hair, but what do you think they would want to know, do you imagine?

A: I dunno. Well, my Dad died when I was three right. So although people can tell me about him, it's not the same as actually knowing him, is it?

LG: No.

A: And a lot of the time, I think to myself, I've got quite a quirky sense of humour, where do I get that from? Is that from my Dad or is that mine? Do you know what I mean?

(Anna, anonymous and known egg donor)

As a sociologist, it is tempting to categorise some of these explanations as genetic determinism, prioritising genetic factors over environmental ones in the construction of persons, or failing to recognise the interaction between the two. Certainly, there were several conversations with donors in which I questioned, sometimes aloud, the evidence that some of the traits they described could be inherited genetically, as in the extract from my interview with Adam below. However, it is not my intention to make distinctions here between “correct” and “incorrect” assumptions about genetically inheritable traits. If such distinctions are possible, I am not qualified to make them.

Instead, what is interesting here is the way in which donors' own experiences of family shape their understanding of the interaction between genetics and behaviour. For Liam, who had been adopted at a very young age, meeting his birth parents and extended genetic family had led to feelings of amazement that here were people who he had never met before but who thought, spoke, wrote and behaved in remarkably similar ways to him. Noticing these similarities provided him with a sense of groundedness:

When these people who are born through in vitro or however the process is done, they grow up and they're gonna want to know a little bit more about

themselves. Yeah and that's something that can resonate with me as someone whose been adopted. 'Cos Mum and Dad bless 'em, they were brilliant at what they did. But I don't look like them. I don't think like them. And it's like, good God. It's quite nice that when you do find the people that make up your mother and your father that you grow up precisely like you're supposed to. Which is incredibly grounding and reassuring. So for all intents and purposes, I think like my Mother but I look like my father. Much to the surprise of everyone that knows them...And then of course down the road, for the mother's side of the genetic coin, so to speak, yeah talking to me is very much like talking to Gayle. It's nicely reassuring.

(Liam, sperm donor, my emphases)

Several donors commented that prior to having their own children, they had believed that “nurture” was more important than “nature” in explaining behaviour and personality. However, their opinions had been reversed when they had children and, at a young age, felt they could see traits in them which could not have been learned and therefore must have been innate and genetic:

A: But you know, and this is me the biologist talking, but personality is a product of genes and environment and the two interact in very funny ways. And I realised that when my daughter was born. That there were things that she picked up from me that she couldn't have possibly learned.

LG: Like what?

A: Well you know mannerisms that I try and hide from her...a tendency to pick her nose. And I was a notorious nose-picker as a little boy.

LG: I think all kids might do that.

A: Yeah but you know just certain things that I knew I never showed her but it was very clear where they're coming from. And so you know I think that is very important for understanding yourself, that interaction between genes and environment.

(Adam, sperm donor)

And I also should say also, I very much believed, before having my children that I said well how much of it's nature and how much of it's nurture? And I believed a lot of it was nurture. So I felt that you were just giving somebody a blank canvas when you gave them an egg or whatever and they would be then what their environment would make them. Having had children, I now feel slightly differently about that. It's nature is probably a bigger percentage but it's the nurture part which will make the best of what's in the nature. That's just 'cos my children, they are who they're going to be. They've got very definite personalities. And they're very definitely, they've definite opinions and they've got opinions that I'm sure we've never, we've never expressed anything about that or interests. Everybody's individuals.

(Faye, egg share donor)

However, when donors explained that it would be important for offspring to access this embodied bio-information in order to better understand themselves, they were not necessarily assuming that genetics is of primary or fundamental importance to explaining who we are. Looking again at the extract from Faye's interview above, I want to highlight her creativity and ambivalence in the way she talks about identity and genetic inheritance. She draws on the *dissimilarity* between her and her husband and their genetically related children in order to emphasise the relevance of genetic make-up or "nature" in shaping personality and therefore why her offspring might want to meet her. Her explanation, as well as Adam's contention that, genes and environment "interact in funny ways," are reminiscent of Edward's (2005) ethnographic work on personhood with residents of a Northern English town. Her informants celebrated the idiosyncratic nature of individuals' characters. They emphasised that people's characters, the ways they "turn out," emerge from an unpredictable mixing of genes and experience – both are important but we cannot know in advance how the two will interact in the making of persons. Faye seems to have been expressing a similar idea. For her, the uniqueness of her children was evidence that genes must be important in explaining how character is formed but also proves that the ways in which those genes manifest themselves, in the context of lived experiences, is highly individual and unpredictable. Similarly, several donors emphasised that genes were only one piece of the puzzle but one that it was important to know about it in order to make sense of the bigger picture (my analogy). As Anna explained:

It's nurture over nature isn't it? And I think you need to know what you've come from in order to understand that.

(Anna, known and anonymous egg donor)

Donors varied in terms of the importance they attributed to donor offspring being able to access the bio-information which they embodied. For some, it was seen as deep-seated need, something universal or fundamental for understanding their identity, or even to develop a sense of self. Donors who talked in these terms sometimes drew on knowledge of adopted persons' searches for their birth parents. Liam, in particular, the only donor to have been raised by adopted parents, talked

about how “grounding” and “reassuring” it had been to recognise resemblances between himself and his birth family. He imagined that he might be able to offer donor offspring a similar experience – the knowledge that, “it’s okay, you are growing up precisely like you’re supposed to.” For my other participants, such knowledge was acquired through internet research, personal or anecdotal experiences and media stories:

And certainly the long discussions I’d had with my friend that was adopted and how important it became to her and how it changed her life. You know initially she couldn’t care less and then all of a sudden it kind of got to her and then the fact that she did meet her birth mother really changed her view of herself and made her understand a lot of things about herself that she wouldn’t have realised otherwise.

(Adam, sperm donor)

Yeah. Because they’ll want to know. Everybody goes through a phase of wanting to know why they are a bit like who they are. And some of that’s genetic isn’t it?

(Tom, known sperm donor)

For others, it was assumed that, unless medical needs arose, the desire to meet or find out about their donor parent would be a gentler sense of curiosity. “Curiosity” was a word that was frequently cited in interviews, although it was not necessarily portrayed as a minor need. However, those who talked of “just curiosity” often questioned the likelihood that donor offspring would contact them in the future, even if they had been told of the circumstances of their conception:

I think maybe one of the things would be if it was health-related. That they maybe wanted to find out something about their biological past as such. I could imagine that scenario happening. I don’t know. You know, some people are maybe curious, where they’ve come from, to find out their background, from a biological sense.

(Yasmin, egg share donor)

Many donors recognised that offspring might vary in terms of the level of need they developed to access the donors as a bio-information resource. Writing a detailed goodwill message was one of the ways in which they tried to accommodate these varied needs. It was common for donors to imagine how they might feel in their

offspring's position and then transpose their own imagined wants or needs onto their offspring's. However, such imaginings were frequently followed by a recognition that their offspring might not think in the same way as they did or an acknowledgement of the difficulty of really knowing what it would be like to be donor-conceived. Donors regularly commented that a donor-conceived person's desire to know might change over the life-course or depend on their circumstances. For example, drawing on her own experience of motherhood, Rachel thought that having their own children might prompt an interest in their own origins. Liam remembered how noticing resemblances between his friends and their parents had prompted his own interest in his birth parent:

And I don't know if it's more when they grow up and have kids themselves. Maybe that makes them wonder a bit more where they came from 'cos they're having kids themselves.

(Rachel, egg donor)

But if you went and saw friends, you can see them in their parents. I can't. 'Cos it's not there. I don't look like my Dad. I don't look like my Mum. And particularly, oh god puberty, what an evil period of time. Yeah if you ever needed an example of when thought processes and psychologies were complete polar opposites, that was the time. Jeez! I think about four years of consistent flipping arguments.

(Liam, sperm donor)

Neil also explained that the previous system of anonymity might in fact have accentuated donor-conceived peoples' desires to know about or meet their donors. By making something forbidden, it only made it more desirable. He speculated that now that the information was freely available, offspring might be more likely to postpone making contact, perhaps indefinitely.

When asked, several donors described feeling curious themselves to find out if there was any resemblance between themselves and their offspring. However, this curiosity had quite a different tone to it than that which they imagined for offspring. Many of these donors depicted their interest as an intellectual or scientific curiosity. As Zara describes, meeting her donor offspring might develop her own knowledge



with regard to the influence of genes and environment on various behavioural and physical traits:

That [choosing her own recipient] just seems a trifle too baby farming I'd say. And besides it would ruin the entertaining academic side. Which is if I do have a....sixteen year old turning up on my doorstep, there will be a bit of me that will be sort of going, now, nature versus nurture? Do you like history?

(Zara, egg donor)

For *me*, it would be just really interesting. It would purely be sort of fact finding. Who does she look like, what's her life been like? That kind of thing. [Speaking to her teenage daughter] You're curious too aren't you?

(Debbie, egg donor, original emphasis)

In contrast to the situation they imagined for offspring, donors did not usually consider that bio-information embodied in their offspring would be important in understanding their own identity. Adam was the only exception to this rule. He drew on his own experience as a parent to his daughter, to describe how seeing traits he had passed on to another person might enable him to understand himself better:

A: I'd find it interesting you know. It's neutral. I'm...I have as many negative traits as I have positive traits. So it depends a little bit on which ones would show up. But it's just a fascinating thing. Just understanding yourself a little bit and how humans function as a species I think. That's certainly it.

LG: It's interesting you say you'd sort of understand yourself better as well.

A: Yeah yeah. I think that's one of the things of kids that they teach you a lot about yourself and certainly having my daughter makes me understand myself a lot better. It is almost a miniature, slightly altered version of yourself.

(Adam, sperm donor)

However, Adam was the exception to the norm. Most donors thought that bio-information would have much greater significance to offspring than to themselves and, as John explains, that much of this transfer of information would be one-way:

LG: You're not particularly interested in who you've passed traits on to or anything like that?

J: Erm. Probably less so. I can imagine an awful lot of that information going quite one way. Of course you'd be curious about them 'cos they've presented themselves to you and said, you're my biological parent. And so you'd want to find out about who are they and what they do.

(John, sperm donor)

However, although in this role as bio-information resource, the relationship with offspring was conceived as primarily unidirectional, this was not the case when donors spoke about their role in different ways. As John hints at, and as I go on to demonstrate, donors were often interested in meeting offspring but the value in this contact, for them, did not generally reside with the information offspring embodied.

### **Donors as a narrative support**

Bio-information was most commonly given as the *first* reason why offspring might contact their donor. However, this was not the case for all donors. In several cases, donors first considered that offspring might wish to ask, “Why did you do it? What made you become a donor?” For many others, initial explanations which centred on the relevance of bio-information to offspring led them to consider that they might also wish to know information about their motivations for donating. Most donors explained that they had included this kind of information in their goodwill message to offspring:

But well, if it was me, I would [contact the donor]. I would want to know why. I would want to know what drove somebody to do that...  
To know that I'm here because somebody went through all that for nothing.  
Why would you do that? I would want to know that.

(Anna, known and anonymous egg donor)

So like I don't know whether they would have any interest. I think, you know It's not like we've actually given birth to them or done anything other than just donate a cell. But then I guess if you think of like people who've donated other bits of their anatomy. Some people want to come and find out about that person and see what their reasoning behind things was.

(Yasmin, egg share donor)

I suggest that in enabling offspring to find out about the kinds of people and circumstances which enabled their creation, donors positioned themselves as a narrative support. They imagined themselves helping offspring to situate their biographies in time and extend the narrative they had of their lives. As Smart explains, the telling and re-telling of stories is one way in which people make links

across the generations and through which people can gain a sense of being rooted in time (2007, 82–86). She gives the example of children using their parents’ past biographies as a starting point for developing and presenting their own identities in the present. In this sense, donors imagined that sharing their motivations and the context in which they donated will provide offspring with the prologue to their lives – a resource which they might then choose to draw on, in order to develop their own self-narrative.

Donors generally felt that, for offspring, extending and embedding the story they had of their lives would be a positive experience because their backstory, the prologue to their birth, was one of giving and caring. As explained, in the previous chapter, being able to provide this positive narrative was a key reason why it was so important their donation be viewed as, at heart, an altruistic act and not as a financial exchange. They often contrasted these circumstances with those of adopted children finding out about the circumstances which had led up to the adoption. Aside from the lack of pregnancy and birth in the former case, many donors commented on the more negative connotations associated with “giving up” an adopted child (compared with giving a gift of egg or sperm to recipients) and the potential challenges this might create in the relationship between birth parent and adopted child were they to meet in the future:

I hope that the child will have been sort of brought up knowing about the efforts that their parents have gone to, to make them come to be. Yeah I think, I don’t know maybe it’s different for kids who are the result of an IVF donation versus adoption because with adoption there’s some giving away whereas I hope that the child wouldn’t feel that they were given away. It was more the parents wanted to have him so much, that they tried so hard.

(Bridget, egg share donor)

LG: And it sounds like you’d briefly thought about a scenario where someone would knock on your door. And you said you’d be happy to speak to them. Why, do you think, do you think it’s likely that would happen?

Y: Do you know, I’m really not sure. I think it’s really different to adoption. I think in adoption people want to know why did you give me *up*? What were the circumstances?

(Yasmin, egg share donor, original emphasis)

In contrast, donors felt they could offer offspring support not only in extending their narrative but also by offering a positive story (an expression of help, sometimes friendship) in which their life was embedded. For this reason they did not expect their relationship with offspring to be problematic, as long as they understood their motivations for donating. Here recipients too had a role in explaining to offspring the prologue to their life:

And like I said I would hope that their parents had said to them that it was done out of love. We desperately wanted to have you as a child so somebody was kind enough to give us eggs and you guys came along.

(Eve, egg donor)

In addition to knowing the prologue, donors also imagined that their relationship with offspring might also help to move the story along, either finishing it or making space for another chapter. For example, some donors considered that offspring might like to contact them in order to thank them for helping their parents or to show them how they'd turned out. It was usually left open whether this might be an opportunity to build a longer-term relationship:

I think it's more likely a curiosity or a wanting to tidy up loose ends or wanting to know who the biological parent is. Which I could understand.....If it was me, I would. Just to know. *Just to you know close the, open the door, either way. Just to know.* Just so it was done. I'm not very big leaving secrets unexplored.

(Zara, egg donor, my emphasis)

If somebody come to the door and said, you know, I'm here because of you. They're not necessarily gonna come to the door and say, you're mine. They could be coming to the door and saying, thanks very much.

(Anna, known and anonymous egg donor)

In contrast to the interest in bio-information, the interest in finding out how things turned out was very often reciprocated by donors. For them too, contact with offspring could be a way of concluding or extending the story of their donation:

LG: Would you like to be contacted by the donor conceived children?

L: Yeah. I've no objection at all. If they want to come and say hello, come and say hello.

LG: But would you want it?

L: Yes. Curiosity. I want to know how the story ends. It's that kind of thing

(Liam, sperm donor)

However, when they started to think of the donation and consequences in terms of a narrative, finding out “how things turned out” very often involved, and usually prioritised, the recipients, as well as their donor-conceived offspring. This is because, as described in Chapter Five, the (sometimes imagined) recipient was fundamental to donors’ motivations to donate. It was the potential parents who donors were aiming to help. Donors therefore usually wanted to know how things had worked out for the *whole* family. They speculated that in the future they might meet parents who had been able to raise the child they so wanted, along with a child who (having been so wanted) had had a full and happy life. This, donors imagined, would give them a sense that it had been worthwhile, that their actions had made a difference.

There is quite a marked difference here with descriptions of the donor as a bio-information resource. In this context, recipients are rarely mentioned and the relationship is very much between donor and offspring. When recipients are mentioned in the context of the bio-informational discourse, it is usually because the donor comments on the importance of ensuring recipients do not feel excluded or threatened by the role they are enacting in relation to their child. In contrast, in the examples below, as well as the words of Eve (p.211) and Bridget (p.210), the relationship of donor to offspring is fundamentally intertwined with the donor’s relationship to the recipient and the recipient’s relationship to their child. Who is the donor in relationship to offspring? In these extracts, they are simply someone who helped their Mum or their parents:

[Describing how her recipient has told her first child about his IVF conception and her plans to tell her second, donor-conceived child about Hannah’s role]. And she just was really matter of fact and said, well you came about because they needed to take Daddy’s sperm and Mummy’s egg and mix it and then put it back in to make you. That made you stronger and healthier ‘cos Mummy and Daddy couldn’t do that mixing by ourselves. And she said we want to be as frank with [second child] but from the outset just say that we had to borrow an egg from somebody else. Or take. And she said where I come from is that I would like to just say to her, it’s you.

(Hannah, known egg donor)

I mean, one of the things I said to [recipient] was, you know, how are you gonna explain this? And she said, I’m gonna use your egg story with the baking, in the cake. And [child] will always know that you gave me a

present that nobody else could. And I'm like, that's fine. He's gonna grow up knowing that I'm not his Mum, I just helped his Mum. That's all I am.  
(Anna, known and anonymous egg donor)

### **Donors as a link between networks**

Some donors also depicted their relationship with offspring as a link to a wider familial network of potential connections. In this sense, contact between the donor and offspring was presented as a means of offspring making further connections and achieving a sense of belonging in an alternative or extended network. It was also a tie via which donors and their own families could make connections with the family of the offspring.

For example, contact between donors and offspring was often discussed as a means of facilitating contact between half siblings. Donors imagined that offspring might have a particular interest in knowing about or meeting their own children and this was therefore something they often wrote about in their goodwill message:

I think we said a little bit about [son]. Because obviously they would be related. You know there would be a relationship there.  
(Nina, known egg share donor)

They might want to know if you've got other children. So have they got, technically, a brother, a half-brother or a sister? These are the things if it was me that I would want to know.  
(Olivia, egg share donor)

Donors themselves were often also intrigued by the link between their own children and their offspring. For example, Debbie explains, if she were to meet her offspring, she would enjoy comparing her own children with her offspring and Rachel wonders aloud whether her son might similarly enjoy looking for resemblances with a potential (half) sibling:

[Describing what might happen if she was contacted by her donor offspring, Debbie described, amongst other things...] Stand them next to my children and see if they look alike. Don't know. It would be fun!  
(Debbie, egg donor)

And I think, [son] will be maybe quite intrigued when he's older. You know, to find out he's maybe got a brother or sister. Maybe he'd want to know if they're like him.

(Rachel, egg donor)

Nearly all the donors who were parents at the time of interview explained that they planned to tell, or had already told, their own children about their donation. Most parent donors saw disclosure as a moral responsibility but it was not generally perceived as an onerous or daunting task, nor something that their children were likely to have any difficulties with:

So I actually if [my children] know, they'll all be fine with it. My eldest especially would really get the point of trying to help. I donated an egg to them 'cos they were so sad they only had one [child] and they really wanted another and they couldn't. And she'd be like, ooh OK. I do think it'd be fine. They'd be fine if they know.

(Hannah, known egg donor)

Once they [my children] are old enough to understand then we'd kind of let them know as well. So it wouldn't fuss us. It wouldn't fuss me, anyway.

(Eve, egg donor)

Instead, this connection between offspring and their own children was generally perceived positively, as either a source of intrigue or something to celebrate:

And maybe when they meet, I should say to [son], the eldest, they're kind of like a brother to this person. Be curious to see how they take that.

(Tom, known sperm donor)

When donors imagined that their own family members might be interested in meeting their donor offspring, this was not limited to those who would be genetically related. Faye explained that her step-daughter was also interested in the potential donor offspring and imagined she might like to meet them, if that was a possibility in the future. She explained that her step-daughter, Jenny, had a very flexible and expansive definition of family which had accommodated changing family forms over the years. Jenny's parents had divorced when she was younger. Her father had since re-married (to Faye) and her mother also lived with a new partner – a man who had children from a previous relationship. Faye explained that, to Jenny, any donor offspring conceived from Faye's eggs would be a sibling to her brother and sister

(twins born to Jenny's father and Faye) and so, by extension, they would be a brother or sister to her too and perhaps also her step brothers<sup>14</sup>:

Yeah Jenny knows yeah. Yeah she's just like, that's just too weird! Do you mean to say I could have like brothers and sisters out there? More than I've got at the minute. 'Cos she's got step-brothers. And she's very, they're just, as far as she's concerned, they're just her brothers. Doesn't see any [difference].

'Cos genetically they'd be absolutely nothing to do with her. 'Cos they would be mine. But they would be [the twin]'s. And I kind of remember like when [the twins] were born, her brothers, who genetically are absolutely nothing to do with [the twins], they were fascinated. 'Cos they're like your brother and sister Jenny, like properly. And she said, well technically they're almost [your] brother and sister as well. I'm like, we're kind of stretching it there Jenny! But you know, it's all kind of, we're all kind of part of the same movable feast that is your life. But Jenny has got, she's always been incredibly practical and pragmatic about life and the situation. And I think she's endured quite a lot of change. When you think, her parents separated when she was only two and a half. And she had this conjoined family. And she's just always managed. She's brilliant actually.

(Faye, egg share donor)

In the examples cited in this section, the donor provides a link through which new connections can be made. In Faye's example, these links can then be interpreted by others in order to create connections across previously disconnected networks. As she told me, the making of certain links were perhaps "stretching it a bit" but ultimately these links were something to celebrate since they make up the "movable feast" of Jenny's kinship network.

A small number of donors also commented on the need for half-siblings to be able to identify one another in order to prevent accidental incest. It is interesting how rarely this point was raised by donor participants, given previous research which suggests the risk of consanguineous relationships are a key concern of publics (Edwards 2004) and donor-conceived individuals (Blyth et al. 2012) in relation to donor conception. However, when it *was* discussed, the bridge which the donor-offspring relationship represented was seen as an important means by which appropriate relationships between two genetically linked groups could be maintained. If people were not aware

---

<sup>14</sup> Meaning the children (from a previous relationship) of her mother's new partner.



that this link existed, perhaps where recipients had decided not to disclose their use of a donor to their child, this was perceived to cause potential problems because inappropriate relationships could be unwittingly developed:

But then of course going back to the reason why people have that access to your details is so you don't marry your sister. Then perhaps it would be an obligation of the parent [to tell them about their donor conception]. But it's not for me to [decide].

(Faye, egg share donor)

So yeah [daughters] know. And we decided that we would tell them from fairly early on. 'Cos there's always a remote possibility that they might meet a guy from [city] area who turns out to be their half-brother. And that would be bad [laughs]. So they kind of need to be a bit aware about finding out, you know, potential partners' backgrounds and where they come from and... Knowing that at some point you'll have to talk to them and... if she's looking to settle down with somebody, she's going to have to actually say to them, look do you mind I'm going to have to actually search the register to see whether you exist on it? Even if you don't know you do, I need to search just to guarantee because that has to be cleared.

(John, sperm donor)

In addition to facilitating contact between half-siblings, some donors imagined that offspring would be interested in finding out more about, or potentially meeting, others in their own familial network or community. Daniel, speculated that in the event that he died before any offspring contacted him, they might contact his sister instead as a means of making a connection with his wider family, something his sister was keen to make possible:

My sister's very probing and practical. And then she's like, what if there is a child but you pass away, can her name go on the register, like at HFEA, to say, for them to still find the family member for them to trace? I haven't got a definite answer on that yet but what I've found out, I don't think it's an issue. I think as long as I just keep addresses updated.

(Daniel, sperm donor)

The donors saw themselves as a link through which offspring might make connections with living relatives, but also one through which they could connect themselves to their ancestors and to places where they had lived. Three donors talked specifically about the current popularity of genealogy and imagined that offspring

might contact them with the aim of further mapping their family tree or discovering more about their ethnic ancestry.

But I think in a way it would be nice, because a lot of people get interested in their family tree and their biological family tree as well. So just for these reasons it should just be made open.

(Sarah, egg donor)

Well I think there's that [finding out about their potentially inherited traits] but there's also that whole genetic...history...thing. So once they've found out where I've come. Where does my family come from? And do those roots... Where do those genetic root come from? So I am one quarter Polish. So there's, you know, some of my facial... my looks and my height come from my Grandfather's side. He came here during the war. So I guess at some point they might think, I don't look quite the same as the rest of my family. Where does that come from? Oh that comes from that Polish line somewhere down there.

(John, sperm donor)

John and Sarah implied that there was something intrinsically pleasurable about investigating and making these connections with past people and places. Based on data collected via a Mass Observation Directive<sup>15</sup>, Kramer (2011) argues that people enjoy tracing their family histories as a means of rooting themselves in times and place but also as a ways of exercising kinship agency over whether such roots and connections *matter* to them. Her analysis suggests that people take as much pleasure in the *process* of making themselves connected in these ways as they do in the resulting feelings of belonging. My participants seem to draw on similar assumptions when talking about their role as a genealogical link. Their connection to offspring was a means by which they could share family histories (potential connections to places and people in the past) which donor offspring might take pleasure in negotiating – figuring out if these things mattered to them and the ways in which they belonged. It is interesting that, of the two participants who shared their goodwill messages with me, both included information about significant places as well as significant other people in their lives. In telling their life stories, both these men

---

<sup>15</sup> A Mass Observation Directive is a request sent to hundreds of volunteer “observers” to write on a particular topic or open-ended question. Directives are issued by the Mass Observation Project to volunteers in the UK and researchers can access data from past directives and/or collaborate with the project in order to issue directives which relate to their own research questions.

weaved in information about the places they had lived, particularly where they had grown up, and moves they had made in their lives. Kramer's (2011) work, which also draws on Edwards (2000), suggests that belonging can be mobilised through connections to places as well as people and furthermore connections to places can reinforce connections to people, as well as the other way around. By including this information, donors were offering their offspring another way in which they might belong or construct belonging.

The donors depicted their relationship with offspring as a link into an alternative or additional network of belonging. As in the above extracts, this could be seen as a valuable source of connections but could also be seen as problematic where it blurred boundaries between different family networks or if crossing that bridge was experienced as intrusive or threatening by others. Of all the donors interviewed, Faye talked about such scenarios at greatest length, emphasising both the positive and the potentially problematic. Echoing the words of Konrad's egg donor participants (2005), she speculated that if either her or her potential donor offspring were to lose their family through some tragic accident, this link might start to take on greater significance, as it would then become a link to an alternative family, the only one they now had:

F: I think it works both way. If that child had experienced a situation that left them without family and then he would look, he would find that he had potentially another family. But at the same. So he, they, the child that's conceived, would then have access to a donated family. Now whether or not that's a good thing, and whether or not the parent who donated the egg has the ability to salve that broken person.

LG: How would you cope with that? Say that did happen.

F: How would I? Do you know, I think I would be glad I would be there. But that's because you know maternally you would have that. You know, if you knew somebody that that happened to and you maybe think. I wish I could, if you could do something for that person, you would do. Just as another human being. So I think you know, you know genetically you're there as a, you know, if there's no life boats left, then I'm your last ditch. I'm your last kind of bid for some kind of, you know, salve, I guess. So I think it's probably. I wonder if I thought that at the time? Yeah I probably did.

(Faye, egg share donor)

## **A latent instant connection**

A few donors talked about the potential for there to be an instant emotional connection with donor-conceived offspring, in the event that they were to meet. Reminiscent of Mason's (2008) theorisation of the ethereal as one facet of kinship thinking, this connection was conceived as intangible, almost magical. It could not be fully explained but was linked to a mutual recognition of similarity in one another or some feeling that they were "part of" each other. These donors speculated that they might therefore "just click" with their offspring or feel drawn to one another:

I think it's more like if the child was very like me. I don't mean looks-wise but like personality-wise, and there was some kind of. You know the way if you meet people sometimes, there's something that's just there and you click with them and suddenly you're their best friends and you've only just met them type thing. I think it was more like if that was there.

(Olivia, egg share donor)

You have an idea in your head about how the situation might be and then the situation happens and it's nothing like you imagine it to be. So you've got no way of knowing. I did wonder about. I mean gene pools are pretty strong. And I did wonder about how I might feel, you know meeting someone that might feel like a member, feel like I might instinctively or intuitively know and understand. Which happens with your family. You know. And not, maybe because you've grown up with them? I don't know. I mean there are stronger ties than just nurture.

(Nina, known egg share donor)

Daniel speculated that perhaps this specific type of emotional connection might be lacking in his offspring's relationship with their non-genetic parent. His relationship to his offspring might therefore be one in which he could provide, and might also feel, this instant connection. He explained this through reference to a story he had read online about a donor-conceived person's search for their donor. In the story, the woman explained that, although she loved both her parents, her Dad had always felt like a "stranger". This had led her to seek out the sperm donor who had enabled her conception:

LG: And did the opposite happen there? Did she feel some kind of emotional connection to the sperm donor?

D: Yeah she said she had the emotional connection that she was after. As much as she loves her parents, she still has this other separate sort of [pause] relationship, with the sperm donor.

(Daniel, sperm donor)

These donors did not present this potential connection as a maternal or paternal bond. However, they recognised that it could be experienced as threatening by recipients:

I wanted to know if it worked but I think it was more I wanted to know is, is there somebody out there that's like part of me? Which isn't nice for the Mum and Dad of that child but maybe that's, I don't know I'm the kind of person that would maybe want too much out of it? Do you know what I mean?

(Olivia, egg share donor)

It is perhaps therefore telling that, of the three donors who talked about their relationship to offspring in this way, two knew that no children had been born of their donation (Daniel was still in the process of donating). Notice also how, in the previous quotation, Nina stopped short of stating that her offspring might have felt like a member of her family. I think donors were aware that this was a slightly risky way to make sense of their relationship to offspring, in the sense that it could be viewed as threatening the status of the recipient parents, and they were careful not to take this way of articulating their role too far.

### **Just as it would have been**

A few known donors, particularly women who had donated to their sisters, presented their role in relation to both actual and potential offspring as “just as it would have been” had the recipient not required donor-assistance to conceive. So the two women who had donated eggs to their sister defined their role in relation to offspring as that of an aunt, and this, they explained, would be their role whatever the route via which their sister had children:

[Sister] did say a few times you know, you will be ok with this? If I got pregnant, how would you feel? And I said, I'd be delighted. But I'd be delighted if you got pregnant on your own. I just want a niece or a nephew. I want another child in the family that's not mine to look after. 'Cos I've got my hands full with the two that I've got. I'd like a niece or a nephew that I can spoil and look forward to seeing them when you come up or when we come down to visit. That I can phone and speak to on the phone like, and Skype, like you do with the boys. That's what I would like.

(Maya, known egg donor)

I don't feel like her mother. I feel like her aunt. That's how I feel.  
(Grace, known egg donor)

Similarly, some of the women who had donated to friends also presented their relationship to offspring as that which it would have been had their friends conceived without their help: They were friends with the recipient and therefore, of course, it was normal that they would meet and take an interest in their children:

[Recipient] had a little girl, called Clare. So she's lovely. And we went to see her, me and [partner]. I think she was back home probably about a week. I mean, [partner] said, will we go to the hospital? And I said, well no, 'cos we wouldn't have gone to the hospital if I wasn't a donor. You know, she is a good friend but I wouldn't have done. I would've waited till she'd gone home. So there's no difference, at all.

(Laura, known egg donor)

So where we're at, then it means we're just back to being a normal crowd of pals with our normal dynamics. And we just, for the first time in all those years, had a conversation about it. We saw them last weekend. And we were all laughing about it. It's just so nothing now. We don't even think about it. She doesn't look like me. She looks like her Dad and she's got brown hair. And actually I only look at her and see [child]. I don't look at her all and. I don't even remember. And I think they're exactly the same.

(Hannah, known egg donor)

For some known donors, their pre-existing relationship to recipients provided a means of effectively screening out the significance of their connection to offspring; being a donor parent had no social significance, they were simply their aunt or mother's friend. Laura most strongly expressed this view and she therefore positioned herself similarly to known donors donating in studies conducted prior to the introduction of identity-release legislation (Winter and Daniluk 2004; Kirkman 2003).

At other times, rather than trying to screen out the role of "donor parent," known donors suggested that their position in this regard simply blurred with that which they would have taken on without the donor conception. Several of these donors suggested that, by being an aunt or family friend, they would automatically be able to

enact some of the roles described in this chapter; if the child wanted to know about the backstory to their life, and the people who had made it possible, there would not need to be a special meeting with the donor – they would already know who it was. If they wanted to know what their donor was like in order to consider whether they had inherited any traits, they would be able to draw on their existing knowledge and memories of that person:

Already me and my sister are very close. So there's [laughing]. As my husband says, she's one baby with two Mums. He already says. So I'm already very very close to [offspring]. So she will not have the need to look for me 'cos I'm there already! And also, that need to look for the real parents doesn't arise because I'm there already. You know what I'm saying? So it won't happen 'cos the need is not there.

(Grace, known egg donor)

### **Deconstructing family discourses and practices**

The donors I interviewed were in a novel and unusual situation. They rejected the role of parent to offspring but, in the context of identity-release legislation and the wider idealisation of openness (Smart 2010; Crawshaw et al. 2012), neither did they want to ignore or dismiss the significance of this connection. Donors constructed donor parenthood in the context of these dual pressures, to both distance themselves from and connect with offspring. They had no previous experience of enacting this role and, in line with other researchers (Orobitch and Salazar 2005; Klotz 2016; Mohr 2015), I argue that there is no established script which might have guided their imaginings. Clinic information leaflets made the law clear – they might be identified or contacted by offspring in the future and they had no parental rights or responsibilities. However, these leaflets did not give any idea as to why the law had changed nor what role they might be expected to fulfil in relation to any child conceived.

If clinic texts and interactions offered no clear narrative of donor parenthood, where did donors draw their ideas from? As I have described, donors talked about their role as a bio-information resource, a narrative support, a link to wider networks and as an emotional connection. These ideas were not selected at random. Instead, donors were

drawing selectively on their own experiences of “doing family” (Morgan 1985 1996). Whilst never *quite* defining themselves as kin in any straightforward sense, and certainly not parents to donor offspring, donors selected and played with aspects of family practices and discourses to enact and, more often, to imagine their role as donor. They thought about what families do and what these practices provide and adapted this experiential knowledge to make sense of their relationship to offspring. They described how, in their own lives, recognising similarity with kin and learning family histories had provided them with a sense of belonging, of rootedness in time and place. They told me how their relationships with parents and children had helped them to understand the (sometimes haphazard and unpredictable) role of genetic inheritance in identity formation. They described the reassurance and enjoyment they had found in looking for resemblances between themselves and their own children, parents or (in Liam’s case) his birth family. They drew on their knowledge of genealogy as a pastime to explain why making connections with other people and places, both living and past, could be pleasurable. Donors used these experiences to articulate what it was they might offer offspring, trying to extract particular ways of “doing family” which might appropriately be offered by ones genetic or donor parent. It should be noted that this did not only involve selecting aspects of “doing family” which could be linked to genetic substance, such as providing bio-information or identifying resemblances. Donors also identified particular family practices which would be supported by sharing their stories – why they had donated and the stories of their own lives, including their own family histories. They did not think of themselves as “really” family but they imagined they might be able to provide some aspects of these family-like processes.

Many interview excerpts in this chapter have demonstrated the frequent comparisons donors made with their own family relationships in order to make sense of their connection to offspring. Liam drew on his own experiences meeting his birth parents to explain why looking for and discussing resemblances could provide a sense of “groundedness.” Adam considered how looking for similarities and differences between himself and his daughter had helped him to better understand the process of identity formation generally, including his own identity. Faye drew on her



discussions with her step-daughter to think about how both genetic and non-genetically related persons could act as links which enabled others to make ties and celebrate their connectedness to others.

At the beginning of this chapter, I noted that participants often found it initially challenging to articulate quite what kind of relationship they might have with offspring or to explain why offspring had a “right to know” them. Perhaps because it *was* challenging, participants were often thinking aloud during their interviews. As a result, they often seemed to be figuring things out as they went along. Their narratives therefore offer a real insight into the creative ways in which donors first deconstructed and then applied their own kinship experiences. As Edwards argues, developments in biotechnology and the novel situations they create, force us to deconstruct the previously “black-boxed” category of nature and to be more explicit about what this concept has to do with kinship thinking (2009, 3). By virtue of the role they found themselves figuring out, my participants had to pick apart what *exactly* it was about the reproductive process that matters to personhood and to social relationships. If a “donor parent” script was more firmly established, perhaps my data would not have elucidated, to quite the same degree, the creativity of this endeavour. I will add just three more examples which demonstrate the ways in which donors were thinking aloud, picking apart their own experiences of “doing family” in order to imagine and articulate what doing donor parenthood might involve.

In this first example, I asked Rachel whether she expects donor offspring to contact her in the future. At first she was unsure but then she drew on her relationship to her mother in order to put herself in the shoes of her offspring. She explained how, following the birth of her son, she started to think about her own ties with previous generations – something which, following the death of her mother in her teenage years, left her feeling “completely lost.”

But now that I’ve had [son], I’m just very aware of the fact that I could even get paralysed and be of no use to him whatsoever.....When I was 15, my Mum died and it just totally left me lost, completely lost. And I obviously don’t want that happening to him. I think maybe when the donor, the child

has kids of their own, that's when they might start thinking about these kinds of things. And know that time will run out one day. And they don't want to leave it to the stage where it's too late to track me down 'cos I might have died, you know, and they'd never have found me.

(Rachel, egg donor)

The “kind of things” that Rachel imagined offspring thinking about in relation to her, the donor, revolved around a desire for connection between the generations as well as the risk of their rupture. Just as the birth of her son and the creation of a new generation had reminded *her* of the passing of her mother, Rachel imagined that donor offspring might similarly think back to their previous generation (her) if they were to have their own children in the future. She did not want her donor offspring to experience the same rupture as she had, the same feeling of being lost, and hoped they would contact her before “it's too late.” Whilst she clearly distanced herself from a parental role at *many* other points in the interview, in this passage at least, her own relationship to donor offspring is compared with her relationship to her own mother.

A second example from my interview with Daniel similarly demonstrates how experiences of family enabled donors to imagine their relationship to offspring. Having read online about a donor-conceived person's experience, he explained that donor offspring might want to meet him in search of an “emotional connection,” potentially absent in their relationship with their father. I then asked him whether he imagined he might also experience such an emotional connection with his offspring, if they were to meet in the future. In order to answer my question, he drew on a memory of meeting his nephew for the first time:

I imagine, if it's anything. I don't know. If it's anything like having a nephew or a niece, as soon as you meet them, you feel that. I remember the first time I ever met my first [nephew], my nephew, I remember the first time I ever met him. It's like you just feel this instant connection. So whether it's like that and, I've never had a child before, so I suppose it's gonna be one of these things where I'm just gonna have to wait and find out, if and when it happens.

(Daniel, sperm donor)

Donors also drew on second-hand knowledge of family relationships. In particular, donors often talked about the impact of “family secrets” (Smart 2007) and hidden adoptions or unknown or misattributed paternity on previous generations. For example, Tom drew on his father’s feelings about not knowing his father:

LG: Do you think that it’s likely to be important to a donor conceived child to have that contact with their donor?

T: Yeah at some point I would have thought so. If just for a brief moment, you know, when they’re going through that phrase.

LG: And do you know where you might have got that idea from? Is it from your own experience growing up? Have you done a bit of research about donor-conceived children? Is it just sort of intuition?

T: Well all three. All three? All two? Yeah all three. So my Dad didn’t know his Dad. And I think that’s affected him quite a bit in his life. I think he’s sought to find out who that person is.

LG: What was the sort of circumstances of that?

T: Erm that was a world war two bunker moment for my grandma, shall we say, I think. So she’s not sure who it was. Well if she does, she’s not telling. But she claims he was an American. I think that was quite a burden for my Dad really. So in that sense it’s like an anonymous donation right? You know, he’s fine, he’s not like. But I think he would just really like to know and he’s spent quite a lot of time trying to find out.

(Tom, known sperm donor)

These extracts demonstrate the creative, piecemeal and “on the hoof” manner in which donors deconstructed and applied their knowledge and experience of family in order to make sense of their role in relation to offspring. During the interviews, there was a sense of things being figured out as they went along – my questions prompting donors to make further analogies and comparisons in order to imagine how this relationship might play out in the future. However, it is important to emphasise that, although experiences of family provided an important resource for making sense of this connection, donors were careful to qualify these comparisons, to make clear that, they did not see offspring as family in any straightforward sense, and certainly not *their* children.

## Conclusion

In this chapter, I have demonstrated that, although donors emphatically rejected the role of parent, the vast majority perceived their connection to offspring as socially

significant. As was frequently stated, offspring had “a right to know where they came from,” and donors had a responsibility to remain open to contact and potentially developing a “real life” relationship with them.

What role did donors imagine enacting in such relationships? Using my interview data, I described five ways in which donors articulated their role: Firstly, I demonstrated how donors presented themselves as a source of bio-information – someone who could help offspring to understand and validate their own identity. Secondly, I analysed the ways in which donors depicted themselves as a narrative support, someone who could help offspring to extend and embed their biographies. Next, I described donors perceptions of themselves as a link to a wider network of potential connections with people and places and then as a latent emotional connection, which could be activated if they were to meet their offspring. Finally, I described how some known donors felt their role was “just as if” the child had been conceived without their gametes – as an aunt or family friend.

In the final section of the chapter, I analysed where these ideas were drawn from. I suggest that clinic interactions and texts provided very little guidance as to what role donors ought to play in relation to their offspring. Wider cultural discourses and media representations similarly provided very few representations of the role these donors were inhabiting. In short, there is no established social script for making sense of donor parenthood (Orobitz and Salazar 2006, Mohr 2015). Some known donors were able to draw on their pre-existing relationship to recipients in order to define their role as one of aunt or family friend. Unknown donors had to be more creative. In order to make sense of their relationship to offspring, they made comparisons with other relationships where shared substance and conception stories were attributed significance – namely those considered family or kin. Donors frequently borrowed ideas and practices associated with families generally, and their families specifically, in order to make sense of their connection to offspring. By deconstructing their own kinship experiences, as well as those learned about via others, they selected particular aspects of what families do or provide for another in

order to imagine a role for themselves. However, as I will demonstrate in Chapter Eight, these kinship references were always limited or qualified in some way to show that they were not quite family in any straightforward sense and certainly not the “real” parents to offspring.

# Chapter Nine:

## Qualifying Kinship: Managing Risky Connections

“...it is the interdigitation of diverse kinds of linkages that gives English kin reckoning not just an expansive but also a self-limiting character, and that this self-limiting character is fruitfully regarded as part of kinship thinking.”

(Edwards and Strathern, 2000, 158)

In this chapter, I analyse the ways in which the kinship narratives of donors were “self-limiting” in the way Edwards and Strathern describe. Doing kinship involves processes of claiming and including but therefore also necessarily entails disowning and exclusion. As Chapter Seven demonstrated, in order to make sense of their role in relation to offspring, donors drew selectively on kinship discourses and practices, often making comparisons with their own experiences of “doing family.” However, in this chapter, I demonstrate the ways in which these references were always qualified and limited. Such qualification was necessary because, as detailed in the previous chapter, these men and women did not want to be parents to donor offspring and instead reserved that role entirely for the recipient(s). As explained in Chapter Five, their primary aim in donating was to enable others to experience parenthood, for these recipients to have their *own* family, and they were therefore careful to protect the status of the recipient or the recipient couple as the “real” parents. Too explicit or unqualified adoption of kinship discourses or practices would risk “treading on the toes” of the recipient(s). References to family practices, useful a resource as they were for making sense of their situation, were therefore risky and had to be carefully managed.

In the most basic sense, donors qualified kinship discourses by simply stating that they were not the “real” parents to offspring. They did this frequently and emphatically (see Chapter Seven). However, in this chapter I focus on the more

creative, sometimes subtle, discursive means through which donors renegotiated and qualified their connections with offspring. I describe six ways in which donors did this limiting work. Firstly, they depersonalised gamete donation by interweaving particular discourses into their narratives. Specifically, donors used discourses associated with public, civic life and also presented donation as a pure, detached gift. In both cases, this had the effect of tempering the intimacy and emotional connection associated with familial analogies and kinship idioms. Second, donors avoided constructing direct kinship connections with donor offspring but instead “re-routed” kinship ties such that links were presented as indirect, routed via the recipients or their own children. Thirdly, donors told their donation stories in ways which reinforced their position within their own family and sometimes articulated boundaries between “their” family and “our” family. Fourth and fifth, one sperm donor deployed humour to undermine the kinship potential of his connection to offspring and many limited connections through reference to geographical or temporal distance. Finally, donors assigned kinning agency to others to activate, deactivate and shape their relationship to donor offspring, thereby sidestepping the need to either make or break a kinship connection themselves. Having analysed these various strategies employed by donors, I demonstrate how donors moved between different approaches in order to adapt, or imagine they would adapt, to changing circumstances, new information and particularly future interactions with recipients and donor-conceived offspring.

As becomes clear throughout the chapter, the ways in which donors conceived their role in relation to their recipient(s) and the wider community both constrained and enabled their adoption of different limiting strategies. So, for example, framing donation as a civic act, a gift to the wider community, provided a means of diluting their connection to offspring and tempering the intimacy associated with their kinship references. In addition, a pre-existing or imagined personal connection with their recipient enabled donors to talk about their connection to offspring indirectly, “re-routed” via their relationship with recipients. As Chapter Five explained, cultural barriers limited sperm donors’ ability to articulate connections with recipients and I suggest it is for this reason that no male donors “re-routed” connections in this way.

In short, donors' circumstances and their identities created both resources and constraints on the ways in which they narrated their donation as a particular kind of gift and this in turn shaped how they constructed and qualified their connections to offspring.

I should highlight here that very often the kinship work that I describe here is imaginative. That is to say, most of the donors were talking about potential, future scenarios in which they *might* be contacted by their donor offspring and perhaps the recipient family. Four of the known donors (Grace, Hannah, Anna and Laura) *were* in contact with their recipients who had had children as a result of the egg donation. In addition, Tom's recipient was pregnant at the time of the interview. However, even in cases where the children had been born, all were still young (under three at the time of interview) and, though all but Laura's recipient planned to disclose the circumstances of the conception, none had yet done so. For this reason, much of what the donors said about their role in relation to offspring was speculative, imaginative work which may not have been undertaken or articulated if they had not agreed to talk to me. However, I do not think this makes their narratives any less interesting or relevant. As others have highlighted (Smart 2007; Auksuole 2009; Carsten 2004), imaginative work is often key to the construction of kinship. That said, it is important to consider that the roles donors imagined for themselves may not play out as they envisage and, although they emphasised their flexibility, such adaptability may not be so straightforward in the future. At that stage, they will be negotiating relationships with specific rather than abstract people – not only their donor-conceived offspring and recipients but also perhaps their own partners, children and other family members – who will bring with them their own histories, personalities and motivations. Of course, it is also possible that eighteen years will go by and they are not contacted by anyone. In either case, the future is unlikely to play out quite as they imagine.



## Kinship repertoires

Before detailing the ways in which donors qualified and limited their relationship to offspring, I provide some context to their kinship creativity. The donors I interviewed were all experts in “doing family” (Morgan 1985, 1996). By this I mean that they, like all of us, had learned how to do kinship in their specific cultural contexts. Through lived experience they have developed an understanding of the ways in which culturally legitimate kinship claims are made and unmade. Over their life courses, donors had negotiated and constructed kinship in different ways, responding to changing circumstances and coordinating with others. In addition to relationships with parents, siblings and extended families, just over two thirds of donors were parents at the time of interview, Sarah was pregnant and Rob was a foster carer. Liam was adopted and had developed relationships with his birth family. Several had step or half relations and others, like Zara and Daniel, counted close family friends as kin. There were a few stories of family feuds, estrangements and “family secrets,” hidden paternity or unofficial adoptions (usually a generation or two removed from the donor). The donors were therefore well-practiced in doing kinship in myriad ways, negotiating changing relationships and contexts.

Rachel’s experience offers a good illustration:

Och well I’m not massively close to my lot. I mean we were all right up until Mum died and she’d remarried. So I’ve got a step-Dad. So he took it really, really badly. It’s cancer she had. They, I’ve got a half-brother. He’s 15 now. So he was very much of the impression that, you know, that’s his son to my Mum. And ‘cos he’s not blood related to me and my sister, we didn’t matter that much. And we now know it was just grief that was doing that. ‘Cos we’re fine, we get on fine now. And he did actually kick me out of home because of it. He couldn’t deal with, you know, I needed to grieve and things as well but he didn’t want me to. You know, he didn’t understand that I’d lost something as well. He thought he’d only lost something. And my sister ended up throwing a strop and she moved in with her friend’s family. And my brother was so wee, how old was he? Two, three at the time? [Step-dad] wasn’t capable of looking after him because he was so devastated so my aunty took him in. So it was really just me left in the house with [step-dad] and he just had enough and kicked me out. So certainly the family’s really fallen apart since Mum’s gone. She was very [much] of the whole idea that families are about getting together. You know, we all had to sit down together at meal times. And Christmas was a massive issue. You know, it was a huge thing. Everybody had to come down and family from far and wide had to come over. You know, and we all had to stick together.

So when she died all that just went. Completely just went. Nobody bothers anymore. The family are all split up over Christmas and things.  
(Rachel, egg donor)

In this description, we can see that Rachel's experience and understandings of the relationships between herself, her step father, sister and half-brother have changed markedly over her life course, with the death of her mother being a key precipitating factor for change. Before her mother died, they were a "family" who had to "stick together," as demonstrated by their regular "get togethers" and sharing of meals. However, after the death of her mother, the lack of "blood" connection between herself and her step-father became significant and is here used to explain their deteriorating relationship and his apparent abandonment of her. Whilst the relationship has since improved and her step-father and half siblings are still "[her] lot," Rachel's story suggests they are no longer really a "proper" family – her mother, as primary kinkeeper (Rosenthal 1985) and key mediator (Edwards and Strathern 2000), is no longer able to link everyone together.

In donors' narratives, understandings of kinship, the bases on which connections could be claimed and dismissed, were not static but continually reproduced and renegotiated. Rachel's is a relatively lengthy example but the themes of change and negotiation were reiterated throughout the interviews. Whether in Faye's depiction of her step-daughter's concept of family as "a movable feast" or Rob's contention that he and his brother are now "just strangers," donors' narratives showed continual change and renegotiation of who counted as family and why. I suggest that these lived experiences of kinship as a malleable and changeable relational practice provided donors with the discursive skills to qualify their potential kinship relationship to offspring. The following sections in this chapter illustrate how donors applied these skills in their narratives.

### **Depersonalising donation**

A key means by which donors shaped the meaning of kinship discourses and practices was by using them alongside those more commonly associated with the

public world, outside of the home and the realm of family. In doing so, they diffused some of the intimacy associated with these ideas. Gamete donation was framed as a public or civic act, connecting them to the wider community or public institutions, rather than a personal, intimate activity connecting them to specific individuals.

In Chapter Six, I introduced many of these public or civic discourses: Donors emphasised their role as one of the good citizen, willing to help others in the wider community. Gamete donation was compared to blood and organ donation, giving to charity and undertaking voluntary work. Donors depicted themselves working alongside medical staff towards the shared goal of alleviating the suffering of those who were involuntarily childless, with some taking on an ambassadorial role in relation to gamete donation. These themes are described in detail in Chapter Six. Here, I give a few examples which demonstrate some of the more subtle ways in which donors interwove these public discourses with kinship discourses in ways which temper the intimacy associated with the latter. This discursive mixing enabled donors to use ideas associated with kinship whilst also distancing themselves from a familial role.

One of the most frequent way in which donors combined kinship and public discourses was their talk of “rights.” Echoing the public debates that have preceded the introduction of identity-release legislation in the UK and elsewhere (see Frith 2001; Melhuus 2012), donors frequently spoke about donor offspring’s “right to know where they come from” or the “right to know who they are:”

Everyone should have the basic human right of knowing where you came from. I didn’t donate my eggs to be a wee secret. Do you know what I mean? I think well if a child grows up and goes, right well I’ve got freckles. Who did I get that from ‘cos you don’t have that? I think they should have the right to know where they came from, biologically. I am, I’m not their parent but genetically we are linked. And they have a right to know that. And I think that’s important. The law’s right to change and allow them to have that.

(Anna, known and anonymous egg donor)

Donors' adoption of a "rights discourse" reflects the contemporary dominant discourse about the importance of knowing one's biological origins; as Melhuus and Howell (2009) have argued, such knowledge is increasingly presented as a self-evident right. However, I would add that by adopting this discourse, donors were able to de-personalise their donation and specifically the kinship trope, "where you've come from". There is something quite striking about this phrase, "the right to know where you've come from," in the way it juxtaposes that which is assigned to presumed autonomous individuals in law (the right to access information) (see Reynaert, Bouverne-de-Bie, and Vandeveld 2009; Nuffield Council on Bioethics 2013) and something which is ultimately about personal connections to other people (where they've come from). Donors' adoption of a rights discourse can therefore be seen as a means of depersonalising their relationship to offspring, positioning it in the public, rather than domestic, world and implying boundaries between individuals. Usually we talk of "rights" in relation to institutions, nation states and supra-national organisations. In contrast, there are social expectations that parents will fulfil certain obligations to their children but if they are not met then it is the state who must legally step in to ensure that the children's rights are met. By framing offspring's interest in their donors as a "right to information", donors therefore make a distinction between themselves and the recipient parents.

A further example where we can see public and kinship discourses interwoven comes from my interview with Tom who had donated sperm to he and his wife's friends, a lesbian couple, one of whom was pregnant at the time of the interview. Describing his future role in relation to the child, he borrowed from kinship discourses – talking about the need to "be available" to his donor offspring and his potential role in helping them to understand their identity. However, his language was peppered with the phrases, "child's needs" and "child-led" and he specifically frames this relationship as "work." These were not terms he used during our interview to describe his relationship with his own two children:

Yeah child-led. Helen and Lisa kind of monitor it and then I'll respond to that as needed...

In this sense, there is, there will be a bit of work because if the child's needs come up in a way that challenge the boundaries between Helen and Lisa and myself and Emma then there's work to be done there, to accommodate those needs.

(Tom, known sperm donor)

I would argue that these phrases are borrowed from the world of professional childcare (not an area which Tom worked in), they are terms we expect from teachers, social workers or psychologists. They are words frequently used *about* families but less commonly used to talk about our own families. By adopting this vocabulary, he was able to distance himself from a kinship role and instead almost professionalised the role of the donor – he will respond to the offspring in order to meet their socio-emotional needs but, these terms seem to imply, retain an appropriate distance. In this way, he discursively protects the status of the recipient parents.

Echoing the findings of Orobitch and Salazar's (2005) interviews with anonymous Spanish egg donors, participants frequently made comparisons between gamete and blood donation. Again such references depersonalise donation and position it as a civic act, even duty, rather than a procreative act:

So I think it would just be funny to see if I donated to a friend of mine and they had a little boy, it would be funny to see how much did he really take from me and how much did he take from Daddy, kind of thing. But it just wouldn't bother me. I think when you're thinking about adoption or surrogacy, it's maybe really different 'cos you're spending a lot more of your own time investing in this baby. But when all you've done. It's like donating blood really.

(Yasmin, egg share donor)

I think at the time I just didn't really. I preferred the distance of it. I think if I knew, especially if I knew it was going to be somebody close, I'd be like oh how are they are doing, and sort of need to see them, kind of be there. But by not finding anything about it at all, it's like donating blood on my part. So whatever happens happens really.

(Eve, egg donor)

Well I know that the reasons [for partner being unsure about her donating] are he's already got children and I think he was thinking about things in terms of if I was to donate the eggs and it was a success and they had a little

boy or girl, I would then look at this child and think it's half of me. So then we had this discussion at length and I said, I wouldn't think that at all. I would think, you know, my friend Freya and [husband] they're the parents. And I said then and I still think like this now. I see it like donating blood. It's just surplus to me at the minute. So I don't need it. Somebody else does.

(Laura, known egg donor)

In these three extracts, “blood donation” is used to quickly reposition gamete donation as a public act of giving. Each donor was initially describing gamete donation in reference to kinship discourses and practices. Yasmin talks about her interest in resemblances between herself and offspring. Eve talks about the potential for an emotional connection, a desire to care for her offspring, if circumstances were different, and Laura explains how her partner had struggled to understand how she would not view her offspring as “half of [her].” “Blood donation” is then used to quickly reframe gamete donation as a civic rather than familial act. Whilst in other contexts “blood” and ‘blood donation’ may have kinship connotations (Carsten 2011), here these donors use “blood donation” or “charity” as a proxy for an attitude to gamete donation as a simple way of helping others, emotionally unproblematic and straightforward. As Orobitch and Salazar argue, “blood donation” constitutes a “familiar discourse,” which donors call on to provide an alternative framework for thinking and talking about their donation (2005, 38). Usually this viewpoint was explained in detail at some point near the beginning of the interview and then could be referred back to if and when the donor wished to re-emphasise this position. Blood donation was then used as a way of discursively stepping back from kinship. It was used to re-anchor the narrative when discussing practices which we might ordinarily think of as denoting family, such as “resemblance talk” (Becker, Butler, and Nachtigall 2005). It was also deployed when others, like Laura’s partner, challenged their views on their non-parental relationship to offspring.

Donors also mitigated the potentially risky kinship connotations of their donation by interweaving their narratives with presentations of their donation as an act of pure disconnected altruism. Although gift giving *could* be a means of making and enacting connections with their recipients (see Chapter Five), donors also drew on a particular ideology of “pure” (Derrida 1992; J. Parry 1986) gift-giving to position

their donation as a (though other-oriented) distant and impersonal, gift – one given freely and completely, without expectation of return of any kind. In Chapter Five, I focussed on the ways in which donors were subject to this idealisation of anonymous, distant giving and belief that “impure” gifts are emotionally risky and somehow less selfless. However, donors were not only *subject to* this ideal but were also active participants in its recreation – mobilising this particular discourse of gift-giving in order to separate themselves from their gametes and limit the kinship connotations of their donation. To speak of their gametes as a gift could be a means of discursively disconnecting them from recipients and offspring. In the following extracts, donors emphasised that their gametes have been “given” or “donated” and, as such, they no longer have any claim on them or the child that might result (see also Edwards 2000; Ragoné 1994). They suggest that in order to really “give” their eggs or sperm they must emotionally detach themselves from them:

[Asked about how he would have felt if the foetus conceived from his offspring had been found to have a disability or health condition] I think, it's up to them. It's not mine. I've given my donation to them to do with as they wish. And it's not my call. I've kind of absolved myself of that process. It's something you work on actually. 'Cos you might think, it's important I think and it must be very difficult for women, for example, who carry other people's babies and stuff. You know, so it's very simple for a guy, almost, compared to that with a sperm. So you're thinking oh it's my genetic material and so it takes a little bit of a push right from the start, I've been sort of thinking, it's not my child. It's a product of my genes. And just making sure, maintaining that sort of mental separation.

(Tom, known sperm donor)

You kind of don't mention it you know. It's like you've given the gift, let it go...

If somebody said to me they [donor offspring] are in [home city], if somebody said to me, oh they live in such and such an area. Then you would start looking. And you don't want to do that. You want to just think, that was the gift that was given.

(Faye, egg share donor)

Yeah. They [the recipients] got permission to do whatever they want. When I donated the first time, they had a frozen [embryo], she did phone me. And she said, just to let you know, we're gonna have a go with that frozen egg. And I just said to her, see if I bought you a box of cakes, would you tell me every time you were gonna eat one. She was like, no. Well, stop phoning me then. It's your gift.

(Anna, known and anonymous egg donor)

In these examples, the language of gifts is used to objectify gametes and separate them from the self. However, as I explained in Chapter Five, many donors also drew on a discourse of gifts as relational, personal activities. Interestingly, to speak of the gift in these more personal terms could also provide a means of limiting kinship connections with offspring. This is because, as I explain in the following section, the gift of gametes could be perceived as connecting donors to recipients and these relationships provided a pathway via which kinship could be “re-routed.”

### Re-routing kinship

Another strategy by which donors managed their use of potentially problematic kinship discourses was to “re-route” kinship connections. Donors avoided the explicit or unqualified use of kinship discourses or terms *directly* in relation to offspring but they would express kinship relationships *indirectly* via others, such as recipients or their own children.

This approach can be seen in the way the two egg donors in this section spoke about their children’s relationship to their donor offspring. Both Olivia and Bridget were happy to define this relationship as a half-sibling or cousin-like relationship and to imagine, even celebrate, that they might behave in a way which would be consistent with that relationship:

LG: Would you be interested in knowing about them then? About the recipients? About the child that’s born?

B: Yeah. Absolutely. I mean not that I feel any, I don’t feel maternally towards them. More like for [son] ‘cos it’s someone who’s kind of related to him, a little bit.

LG: Half sibling?

B: Yeah I think a half sibling, would that be the equivalent of a cousin?

LG: I’m not sure. I’ve never thought about it like that but maybe yeah.

B: The same shared heritability or whatever. Yeah. So it’s just, it might be nice for them to know each other growing up. If we go back to [home country], it would be nice to sort of stay in touch. Yeah so [husband] and I both hope that they will get in touch, mainly.

(Bridget, egg share donor)

Immediately prior to this exchange Bridget had referred to her donor offspring and son as “half siblings” several times. I think she here enjoys re-imagining this



relationship as cousin-like because it better matches her positive image of how the two boys could interact in the future, or in an alternative present if they were known to one another. In particular, she celebrated the fact that these two children are the same age as one another and therefore may have much in common, but also that, growing up in different homes, potentially different countries, they may also have much to compare:

Yeah one's probably going to talk with a Scottish accent and one's not. Can you imagine if we go back to New Zealand and if we did get in touch with them or they get in touch with us, if the child came over for a gap year and he introduced him as his brother, they'd talk completely differently!

(Bridget, egg share donor)

Olivia was also very positive about the “wee connection” between her daughter, Danielle, and a potential donor-conceived offspring, a relationship which she also compared with sibling and cousin relationships:

And I think for Danielle, unless, we've got this other egg, whether we're gonna use it or not I don't know, she's gonna be like an only child. And my brother, he lives [abroad] and he's got two kids but he's [abroad]. So Danielle's got no cousins, no brothers and sisters, you kind of think it would be nice if in years to come there was somebody that she had a wee connection with.

(Olivia, egg share donor)

As described in the previous chapter, there were other donors who spoke about a connection between their own children and their donor offspring but it was Olivia and Bridget who did so at greatest length and who most clearly celebrated this as a kinship connection. I suspect it is no coincidence that they are both egg share donors. As detailed in Chapter Five, egg share donors were particularly likely to imagine their lives in parallel to their recipient's, largely because they were aware that they were both undergoing fertility treatment at the same time and would therefore, if successful, both have children of the same age. It is therefore not only the genetic similarity which connects their children to (potential) donor offspring; they already have an overlapping life story – both conceived through IVF in the same clinic, with the help of the same doctors, nurses and embryologists. They belong together not

only through being born (genetic similarity) but also being bred (conceived in the same place, by the same method) (Edwards 2000).

It would seem that the connection between half or donor-siblings is less problematic, less risky, than the connection between donor and offspring. Looking back at the first excerpt from Bridget's interview, she clearly feels the need to clarify that, although she would like to meet her recipients and their donor-conceived son, she does not feel "maternally towards them." However, she does not feel the same need to qualify her use of the term "cousin" or "half-sibling." Similarly, whilst Olivia was keen to ensure boundaries between herself and donor offspring, she celebrates the possibility that any donor-conceived offspring might be a kind of "stand-in" cousin or sibling for her daughter. There do not seem to be the same risks and difficulties in naming and enacting these connections as kinship ones, as there is for donors to talk directly about a kinship relationship with offspring.

However, re-routing did not always render the use of kinship terms unproblematic. Hannah explained that her Dad and Step Mum had responded with excitement to the news that she was donating her eggs to her friend, stating that it was "like having another grandchild." Hannah clearly found this kinship claim an affront to her own view of the donation and challenged their use of kinship terms. In this context, re-routing kinship via the older generation did not constitute sufficient qualification to the risks associated with kinship terms:

H: And [Dad and Step Mum] they're older and that was like, I don't know, they were like, ooh ooh, it's like having another grandchild. And I went, no it isn't. It isn't *at all* like having another grandchild....

(Hannah, known egg donor, original emphasis)

It seems important that this problematic example of re-routing concerns an older generation making a kinship claim on a child. Re-routing via grandparents may hold greater risks because the more powerful older generation are perceived to be defining the relationship at a point where the child can exert little control. Interestingly, Bridget described a similar reaction from her own parents when they learned of her egg donation. Again, they celebrated the birth of the donor-conceived child and

imagined it as an extension to their own family. However, either in their own words, or the way in which Bridget re-tells them, they also re-routed kinship via Bridget's son, their grandson. Again, we can view this as a strategy by which feelings of connection could be articulated but, by expressing them via children, some of the associated risks of these kinship terms and discourses were qualified:

[Mum and Dad] they're both supportive, chuffed that there's another half sibling somewhere.

(Bridget, egg share donor)

The donor's connection to offspring could also be diffused by re-routing this link via the recipients. This was particularly common for known donors though not limited to this group. Anna perhaps sums this up best:

He's always going to have a special place in my heart. Not because he's from my egg, just because he's, I was there with her going through all of that as well. You form a bond with somebody who's, do you know what I mean? It must have been so hard for her.

(Anna, known and anonymous egg donor)

Anna's words are reminiscent of Mason's (2008) contention that kinship involves affinities which *feel* fixed, aligning them with the realm of that which is "given" rather than "made" (Carsten 2004). However, as Mason highlights, fixity does not necessarily map directly onto biological connection or shared substance. She argues that parents' biographies and relationships may be referenced by their children to claim family-like relationships of their own; Children's relationships with their parents' friends can gain a feeling of fixity, and may be claimed as kin, since the child may have been "born into" these relationships – their parents having chosen for them (Mason 2008, 35). Anna's claim for permanence, that the donor-conceived child will "always have a special place in [her] heart," can then be read as a kinship claim based on fixed affinity. However, I suggest that Anna felt able to articulate this without threatening the parental status of the recipient precisely because the bond she feels with the child was depicted as a consequence of her relationship with the recipient. The reason she feels close to this little boy is because she knows how much he means to his mother. Her connection with him included and prioritised the

recipient which I suggest makes it less problematic than if she were to construct a direct bond with the child which did not include her friend.

Bridget, an unknown egg-share donor, also re-routed kinship connections via her recipient. The flow of our conversation suggests she was also using re-routing as a discursive strategy to reinforce the status of the recipient as the “real parent” and diminish the threat she herself poses in this respect. Asked whether she would consider donating to someone she already knew, she considered that it could be difficult if she were to see the recipient very frequently because, as she puts it, she would need to be “really careful to not get involved ‘cos you don’t want to seem like you’re taking on a motherly role. You don’t want to tread on their toes or make them feel funny.” However, she immediately adds:

But in terms of having a relationship with the person who I donated to, I think I wouldn’t want an everyday, let’s go to the park every day. But a, you know, an Easter, Christmas, birthdays thing, like extended family contact would be great. And I don’t think I would feel. I couldn’t see any particular resentment or anything building up. Yeah it would be more like a sister-in-law or something like that. I don’t know.

(Bridget, egg share donor)

Whilst explicitly refuting a “motherly role” in relation to offspring, she opted to describe her relationship to a recipient as “like a sister-in-law.” By using a kinship term for this relationship and not in relation to the donor-conceived child, she prioritised her relationship to the recipient and played down that with her offspring. The connection between Bridget and her donor conceived offspring is then diffused, it is less risky, because they are all, the recipient(s) as well as Bridget’s own husband and son, part of this “extended family.”

There are echoes of this re-routing in the narrative role many donors imagined they might enact in relation to their offspring. This is described in detail in Chapter Seven but, briefly put, donors explained that offspring might want to meet them in order to extend the narrative they had of their lives. They imagined they might want to know what had made their life possible, what sort of person had donated and why. When

they spoke about their role in these terms, donors generally invoked the recipient because they were central to this story too – they were the reason they had donated. In this sense their connection between the donor and offspring was routed via the recipient – they were someone who had wanted to help their parents.

For Maya and Grace, the sister-to-sister egg donors in my sample, there were further opportunities to re-route the kinship connections between themselves and offspring via their recipients. Firstly, as described in the previous chapter, they both presented themselves as an aunt to their (for Maya, hypothetical) offspring. In doing so, they acknowledged a kinship connection with their offspring but defined it via their pre-existing relationship to their sibling. Sister-to-sister egg donors were also able to draw on similarities with their sibling to include the recipient in their relationship to offspring. For example, in the extract below, Grace suggests that, since she and her sister share “the same genes,” her donor offspring’s genetic traits were not necessarily traceable to her. In this way, she was able to include her sister in the genetic connection she acknowledges between herself and her donor offspring. Rather than presenting the passing on of genes as a direct linear process, she emphasised that they *all* resembled one another, connected through their wider genetic networks. In this way, the resemblances between herself and her sister’s daughter become less problematic and she distances herself from a parental role:

Well the more she [donor offspring] grows, you know, the more she grows up, the older she gets, you can see, you can see some resemblance [with me]. But because I and my sister share the same features anyway you cannot say from where she got it from. ‘Cos it’s the same genes.

(Grace, known egg donor)

It is notable that qualifying kinship by re-routing connections via others, whether recipients or their own children, was almost entirely undertaken by egg donors. In part, this can be explained through the greater number of egg donors acting as known donors. Those that had a pre-existing relationship with recipients were much more likely to speak about their connection to offspring as one which flowed through their friendship or kinship to the recipient. The children of known donors and recipients

might ordinarily (i.e. without any donation having taken place) have grown up together and had a kinship or kin-like relationship, particularly in the case of sister-to-sister donation

However, the relatively high number of egg donors who were known cannot, in itself, explain the greater numbers of female participants who qualified kinship in this way. As the extract from Bridget's interview demonstrates, donors did not need to have met their recipient in order for them to imagine a connection with recipients, through which kinship could be re-routed. Similarly, imagined relationships between their own children and donor offspring could be used to "re-route" this connection but this was not something that was emphasised or celebrated in the narratives of sperm donors as with Bridget and Olivia. How can we explain this? As I argued in Chapter Five, the stigma of donor insemination and male infertility act as social barriers to connection-making between sperm donors and recipients and so they were much less likely to narrate a connection with recipients via which they could re-route kinship. In contrast, female donors, particular egg share donors, who often imagined their lives in parallel with the recipient's, were more open to, and able to talk about, the possibility of their two families coming together. As such, the particular risks attached to sperm donor-recipient relationships limited the way in which male donors were able to manage their connection to offspring.

### **My family, their family**

Whilst donors often borrowed elements of their own family experiences to make sense of their role as donors, their own families were also a discursive resource via which kinship connections with offspring could be qualified and limited. Donors emphasised their position in their own family and sometimes spoke of boundaries or limits around that family unit in ways which positioned the donor-offspring relationship as outside the limits of their kinship, or at least outside the limits of their close family.

One of the clearest ways in which donors distinguished “their family” from “my family” was by distinguishing *their* children from the *recipient(s)*’ children. This was often achieved by stating that they had completed their own families and that they did not want any more children, or in Zara’s case that she did not want any children at all:

And you know, if I’ve already got my three and I’m not having anymore, I’m not doing anything with them, with the eggs...Three kids under three was just, my cup overfloweth. Thank you. Yes. That’s fine.

(Hannah, known egg donor)

Other than finding out how many of them there are, the fact that there are eleven out there at the last count, you know, I know nothing. I don’t think about them again. So it’s not like they’re uppermost in my thoughts. I’ve got my own two to worry about. Quite enough of a handful!

(John, sperm donor)

Donors who described their families as complete were often emphatic about not wanting any more children. As with John and Hannah, this was often elaborated further through (joking) reference to the hard work which had gone into raising their children so far. In this way, the donors reinforced the boundaries of their family by emphasising its completeness and also highlighted the importance of work and care in being a “real” parent. This had the effect of both distancing themselves from a parental role to donor-conceived offspring and also positioning themselves as a good, active parent to their own children.

In most cases, it is not possible to say whether having already completed their families was a necessary factor for donation or a helpful discursive resource which they just happened to be able to make use of at the time. However, Debbie and Eve were conscious that having had all their own children had been a deciding factor in their decision to donate and Eve described making a clear decision to wait to donate until after she had had her second child:

So part of me probably would've maybe liked to have pursued it more before he [second child] was born. But at that point. It was more selfish in that we didn't know if just wanted one or if we wanted more. So it wasn't till we'd had him and then kind of thought no we don't want any more that I kind of thought well, if I don't want any more then I have one a month. There's thousands there that are all spare so just help yourself to them really.  
(Eve, egg donor)

D: I don't know how I become aware of [egg donation] before [I read that magazine article] but it was something that come up as a discussion somewhere else. Yes, but I know that when I first heard about it I was very, quite anti it.

LG: In general or just for you?

D: For me. Yes, yes not just a general thing. I'm very much each to their own but for me, it was of case of, that's my DNA out there. That would be someone who was a sort of half of me and I wouldn't know anything about them. But yes, once I'd had my family and made a conscious decision not to have any more, it was, I got this thing that it's essentially a seed that's not going to go anywhere. So if someone else can use it then...

(Debbie, egg donor)

As described in Chapter Five, the fact that they were not planning any more children enabled these donors to conceptualise their eggs as “spare” and therefore something which should be redistributed to those who could make use of them. We could explain this repositioning through reference to the medical procedures which egg donors undergo. Egg donation could be perceived as “using up” eggs which might yet have been needed for future conception or seen to entail medical risks, such as bleeding and infection, which could damage the donor's reproductive ability. The perception that eggs could be “used up” by egg donation, whilst occasionally reiterated by the donors I interviewed, was not supported by the clinic staff I interviewed. The doctors I spoke to explained that in a normal menstrual cycle, many ovarian follicles begin to develop eggs but that normally only one would fully mature. The others die off before getting to this stage. However, the hormones taken by egg donors (and IVF patients) stimulate follicles to develop many more eggs to full maturity than would otherwise be the case. In this way, they explained that egg donation should not use up any more eggs than an ordinary menstrual cycle. However, the risks of bleeding or infection, they said could, in very rare cases damage the donor's reproductive capacity. For this reason, several doctors and nurses explained that it would be preferable, though not essential, for an egg donor to have already completed their family. This was also stated in the National Gamete



Donation Trust advice leaflet for prospective egg donors, available on their website at the time of data collection (National Gamete Donation Trust 2012).

However, the importance Debbie and Eve ascribed to completing their families prior to donating cannot be explained *only* through reference to the medical risks of the procedure. Whilst Eve raised the possibility that egg donation could have used up some of her eggs, she immediately dismissed that view as inaccurate. It seems that whilst the question over whether to have more children remained it was more difficult for donors to think of their eggs as “mere cells,” detached from themselves and their family. To donate whilst still wanting their own children raised the possibility that they would instead think of donor-offspring as “half of” themselves, perhaps because it was so viable to think that that same egg could have gone on to create a child of their own. The decision not to have any (more) children then serves as a discursive resource through which donors can, as Orobitch and Salazar put it, extract genes/gametes from a kinship context and “insert them into a biological [read scientific] context” (2005, 42). The intention to draw a line under their childbearing years divested eggs of their kin-creating potential and enabled donors to construct a boundary between their family and the recipient family. They were not *their* children because they did not want *any* more children, via their donated eggs or otherwise. This extract from Maya’s interview most clearly articulates this line of thinking – the child would not be *her* daughter because she did not want a daughter *at all*:

Because part of the counselling as well was they said, well you’ve got two boys, what if your sister had a daughter? And I said, well I’d be laughing and giggling, thinking, ha ha you got the trouble. Because I was happy with two boys. I was quite glad I didn’t have girls. When I had two boys, I was like, oh thank goodness for that! I says, a niece would be nice but I certainly don’t want a daughter.

(Maya, known egg donor)

There were also more subtle ways in which donors embedded themselves firmly within their own families and distanced themselves from the recipient(s)’ family and their donor-conceived offspring. Donors often told their donation stories in ways which reinforced their position within their own families – as mothers, fathers,

children and grandchildren. In this way, donors, like Rob, who had not made such clear decisions about the completeness of his family, could also construct boundaries between their own family and the recipients.

As described in Chapter Six, for many donors, the decision to donate was articulated in relation to a familial disposition (usually learned rather than inherited) towards helping others. In this sense, by choosing to help another family they were also cementing their identity as a member of their own. Rob perhaps expressed this most clearly:

R: I used to donate blood. My gran used to donate a huge amount of blood. And back in those days, you used to get the badges, like bronze silver and gold. Well back in the war, she used to donate breast milk for babies and she did blood.

LG: Did she tell you all this?

R: Yeah. So she's done the works. She got buried really with holes in her. She donated as much as possible. Yeah. And then so I took over donating blood when she got too old and frail to do that. So that was, I like that sort of moralistic, I'm carrying the sword for my gran type scenario.

(Rob, sperm donor)

In Rob's narrative, donating sperm is framed as means of carrying on his grandmother's legacy. As a gay man, he was no longer able to donate blood but by donating sperm he was able to carry on, what is here portrayed as, a family tradition. In a similar vein, Nina told me how her Dad had always proudly carried a battered old organ donor card around with him and Hannah told me how her own parents had always volunteered in the local community (see p. 160). In this way, donation was framed as "just the sort of thing *we* do," a way of enacting the values which their parents (and grandparents) had fostered in them.

This portrayal of gamete donation as a familial act was not only achieved through reference to past generations; present and future generations could also be implicated. Eve's partner was present throughout most of her interview. Her frequent use of the pronoun "we" included him in the decision to donate, implying that it was something they had decided to do as a couple:

I just thought... well, at that point I didn't want any more children so we just thought we'll just go and donate.

(Eve, egg donor)

For others, like Anna and Ian, gamete donation, or donating more generally, was something they were actively seeking to pass on to their own children:

It saddens me that I never met [friend] until when I did. Because I'd have been doing this all my days, helping. That's how I'm making sure that my boys are gonna do it. I've asked them. [Second eldest son's] not too certain but [third eldest son] said he would do it. [Third eldest son's] 19. And [eldest son] said he would do it as well. And they'll follow me, they'll not take any money for it. The money they get, they'll give to [children's hospital].

(Ian, sperm donor)

Not only did Ian hope that his sons would also donate sperm but he expected that they would do so in the same spirit as him – to help others rather than for any financial gain. Anna similarly explained of her sixteen year old daughter, “I think I've taught her how to give of herself,” and expressed the hope that she would consider donating eggs in the future. Whilst this kind of talk does not construct such clear boundaries between *their* family and *our* family, as described in the first examples in this section, it is also a discursive means through which gamete donation was repositioned. Emphasising the importance of donation to past and future generations had the effect of situating the donor and the act of donation firmly within their own family rather than, as might be the case elsewhere in their narratives, on the outskirts of somebody else's.

### **Making a joke of it**

I mean it is pure comedy really when you think about it. Helen's Emma's bridesmaid, for example. She's pregnant with Emma's husband's sperm

(Tom, known sperm donor)

Humour was a means by which one donor addressed and subverted the problematic kinship connotations which he was aware could be perceived in his donation. Tom is a known sperm donor, who had donated to his wife's friend and her female partner. Several times throughout the interview he joked about the fact that his wife's best friend was now pregnant with his sperm. He described how he quite enjoyed

presenting the news to his mother in this way, so he could see her “jaw drop” at first, until he explained the situation properly:

T: My Mum’s quite open about these things so just. I wasn’t dying to tell her because I actually feel it’s more Helen and Lisa’s news. But just because I wanted to say that yeah erm, see Emma’s best friend’s pregnant with my sperm. Or something like that. I can’t remember how phrased it but it was funny to watch her jaw drop for a bit!

LG: You went with the most shocking way of presenting it?

T: Yeah [laughs]. You’ve got to really right?! It’s funny.

(Tom, know sperm donor)

He highlighted the “soap opera” connotations of this statement and all its implications of affairs and betrayals rather than trying to ignore these connotations but, by making a joke of it, he parodied such a reading of their situation. By reflecting with amusement on how others might perceive the consequence of the donation as problematic or strange, he made clear how different the lived reality was for him, his wife and their friends. For them, Helen being pregnant as a result of the donation was just something to celebrate – their friend was having a much wanted, and much planned, baby. Far from being a betrayed party, Emma, Tom’s wife, was a key facilitator of this arrangement.

However, there are limits to the extent which humour can undermine risky expressions of donor-conceived connections. I wrote an interview summary for Tom, as I did for all of the participants, and emailed it to him for comment. In this summary, I had mistakenly paraphrased his words inaccurately, writing that he had joked that Helen was “having his baby” not “pregnant with his sperm,” as he had actually put it. He asked me to change this aspect of the summary. The way I had phrased it, was problematic for him. I suggest, this is because my words would have implied that he was making a kinship claim on Helen and Lisa’s child. Even said with irony, the words, “having *my* baby,” would have been too risky and when I looked back over my the transcript of my interview with Tom, I found that he had indeed made no such statement.

## Keeping their distance

Temporal and spatial distance between themselves and offspring was a further means by which donors qualified the kinship connotations of their connection to offspring. This could be both a practical action (actively keeping away at certain times) and a discursive act (making reference to the passing of time or geographical separation).

For example, unknown donors often drew on their initial anonymity in order to limit their relationship to offspring. Though they stated that they were happy to meet their offspring and recipients once the former turned eighteen, many donors expressed the belief that, if they were to meet too soon or too often, they might feel, behave or be viewed, in an inappropriately familial way. Like John and Faye, most unknown donors therefore approved of the age restrictions on donor offspring accessing information:

I've never really thought about it. But my gut reaction would be that if they are older that would be better in that they are more mature. And they're making decisions and deciding what it means in their lives in a slightly more rational fashion than a, erm, hormonally raging fifteen year old, who doesn't necessarily think things through.

(John, sperm donor)

LG: If they were to contact you when they were younger would that be different?

F: Yeah. You know children. The actual definition of a child is somebody that needs mothered and looked after and things. So eighteen year olds they probably need a bit more. Yeah [step-daughter] probably needs a bit. But *younger*, younger children if they were coming to you. For instance, if a child, if I knew that a genetic child of mine was like they were orphaned and they were younger. And somebody came to me and said, this child's here. I would probably say, I would adopt that child because I would feel, unless of course they had a really fabulous home, they had grandparents and aunts and things like that, I would step back in preference to somebody who has been there for them, you know, if they've grown up, if they've got life experiences, that means more than genetically where they've come from. But if some tragedy had happened then I would be, and that child still needed a home, then I would offer that then.

(Faye, egg share donor, original emphasis)

For both John and Faye, meeting an adult (albeit a young one) was less complicated and potentially problematic than meeting a child, with a heightened emotional response being associated with meeting the latter. Faye imagined that she would

respond to the vulnerability of a younger child and feel compelled to care for them or take them into her family, in the event that the parents were unable to. John considered that a teenager might be more likely to have an irrational, emotional response to meeting him and, he implied, might be more likely to view him as a parent. However, both John and Faye perceived these scenarios to be less likely if the donor-conceived person was older. Young adults, rather than teenagers or children, were viewed as less vulnerable and more mature, able to think more rationally about a situation in which someone could be their biological father yet not their “Dad.” Temporal distance therefore had the effect of limiting kinship. In particular, the passing of time was seen to preclude the possibility of a parent-child type relationship with offspring since, it is imagined, adult offspring will not need “looking after” as a younger child might. It is therefore presumed that meeting them would therefore not provoke the same desire to “mother” that person and they would not be looking for someone to play that part in their lives. In effect, the time when parent-child bonds might be created, when the latter is vulnerable and in need of care, would be perceived to have passed.

Many unknown donors said that if they were to meet their offspring at a younger age, they might find it more difficult to limit their desire to care for that child. For this reason, many stated that donating to someone they knew would be problematic because it would not be possible to retain that distance and they worried they might start behaving towards, or thinking about, their offspring in ways which were uncomfortably parental. As shown in Chapter Five, many donors imagined that meeting their recipients and offspring whilst the latter were still young would provoke inappropriate feelings and behaviour which would have a negative impact on the recipients because they would not be respecting the boundaries of their family unit.

However, limiting kinship through distance was not restricted to unknown donors. Known donors often also managed their ambiguous kinship position by keeping appropriate geographical and temporal distance from the recipient and their donor-

conceived offspring. In the extract below, Tom thinks aloud about how he and his family will respond to the birth of his donor offspring to his wife's friend. He decides to delay his own visit beyond the newborn stage in order to allow the recipient couple to completely bond with their baby beforehand:

I'm curious of course. So but yeah. I think in the first instance, I'd probably just hang back. 'Cos I want to make sure that Helen and Lisa are totally bonded with the baby and all that sort of stuff. So I thought it's probably best if Emma just goes up and says hi, first few weeks or whatever's appropriate. And then we'll all go up later. After that. So it does change your relationship from that point of view doesn't it?

(Tom, known sperm donor)

In this statement, Tom seems to be aware that he could be seen as, if not a potential threat, then an intrusion, on the mother-child relationship. However, by delaying his first meeting with them and their child by just a few months, he feels more comfortable that his friends will have established their own parent-child relationship sufficiently that his presence would no longer be problematic.

Tom later goes on to say that delaying his own visit was probably also sensible from a practical point of view since a full family visit, complete with two toddlers, would likely be overwhelming for the new parents of a new-born baby. Many other known donors echoed this sentiment - that incidental circumstances which created distance between them and their recipients was probably "for the best" anyway. For example, Hannah described how both her family and the recipient's had planned to emigrate to different continents not long after the donation process was completed and Nina talked about the "nice distance" between her and her recipient – they always got on very well but had never moved their friendship much beyond the workplace.

### **Being adaptable and letting them lead**

I think it was my housemate, we were having this chat a few months ago. And I'm thinking [as a donor,] you don't know how much to say and how much to do. Because you aren't the father, you aren't responsible for the person. But I suppose it's kind of let them take the lead.

(Daniel, sperm donor)

Like Daniel, donors assigned “kinning power” to others as a means of alleviating the risks associated with their use of kinship discourses. By this I mean that it was common for donors to talk about their offspring’s relationship to them with reference to kinship discourses and practices but less common for them to do so the other way around. The child, they explained, might want to know where *they* had come from, or who *they* were but they did not talk about their own interest in them in the same terms. As I explained in Chapter Seven, when donors talked about their own interest in their offspring, they tended to frame it in terms of intellectual curiosity, rather than something which would be fundamental to their own identity. To meet one’s offspring was not described as potentially “grounding” or “reassuring” in the way that meeting one’s donor parent could be.

Instead, donors very much assigned agency to the donor-conceived person and their parents to decide what it would mean to be a “biological parent” in practice, whether or not it would be a kin-like relationship and, if so, of what kind. This seems to be an important means of diffusing the potential risks associated with their position. Although they were drawing on kinship discourses to make sense of their position, they were not *claiming* a kinship role for themselves but leaving that decision to others.

Because you know we have to sort of look at it from the children’s perspective not our perspective. Because ultimately we’re doing something which they have no control over.

(Adam, sperm donor)

They might just want to see me once and have a coffee and then that’s them happy with that. That they know they’ve done it and they’re not left wondering what if for the rest of their life. They might not like me or we might become great friends. We just don’t know. We just do not know.

(Rachel, egg donor)

I would be very much guided by what they wanted to know and how they you know if they didn’t want questions, I wouldn’t press for anything they wouldn’t want to discuss. So that way I would just take it, what do you want to know? What do you want to tell me kind of thing.

(Debbie, egg donor)



Donors presented themselves as very open-minded with regards to what kind of a relationship might develop with donor offspring in the future. They described themselves as open and adaptable to the needs and preferences of their offspring in this regard. They argued that it was the donor-conceived person's prerogative to decide, not only whether to make the initial contact, but also whether or not future meetings would take place, how often and what degree of intimacy might develop. Some, like Adam, explained that this was the right approach since, unlike the donors and recipients, offspring had no say in the circumstances of their conception.

There are interesting parallels here with Carsten's analysis of interviews with adoptees following, or seeking, reunions with their birth parents. She argues that reunions enabled adoptees to exert agency over their pasts and to choose for themselves who is kin (2000b, 698). Donors similarly framed potential contact with offspring as an opportunity for donor offspring to exert agency with regard to their own kinship narratives. This was presented as a moral approach because of the donor-conceived person's prior lack of control over the circumstances of their conception and the initial anonymity of the donor. "Letting them lead," redresses that balance, as well as alleviating the risk that the donor be perceived as a threat to the recipient's family.

Assigning agency in this way is possible because of a particular model of kinship in which people are seen to construct their own versions of family rather than defining kin on the basis of pre-defined structures. As Strathern writes, "individuality of persons" can be seen as "the first fact of English kinship" (1992a, 14). Or to put it another way, English kinship relationships operate according to the particular persons involved much more than the genealogical "positions" they hold (Finch and Mason 2000, 18). Drawing on the work of the historian Macfarlane (1978) as well as Stathern (1992a; 1992b), Finch and Mason (2000) offer a cultural model of English kinship in which individuals inhabit the centres of their own "kin universes" and so "no two individuals have precisely the same kin network" (2000, 19). They add that these individualised constructions of family are not necessarily mutual, i.e. a

grandparent might include their grandchild as a close family member but the grandchild might not include their grandparent. It is because this way of thinking about families has cultural legitimacy (not just for the English it would seem but also for these participants, some of whom live north of the border) that donors were able to assign kinship agency to donor offspring. However, as Finch and Mason (2000) are careful to highlight, whilst the English model of kinship allows for a personalised definition of who counts as family, this does not mean that people do the work of constructing families *on their own* or that they are entirely free to construct them as they choose. Instead, people create kinship relationships through negotiations with others, usually involving contact and shared experiences over a period of time. Donors were aware of this too and so assigning kinship agency to others also involved remaining open-minded as to what kind of relationship might unfold with their offspring.

However attempting to assign all kinship agency to offspring resulted in descriptions, like Rachel's, of ambiguous and quite one-sided relationships – “*they* might not like me,” “*they* might just want to see me once...and then that's them happy.” Even though she elsewhere voices her curiosity and interest in both offspring and recipients, she describes herself as entirely subject to the wishes of the donor-conceived person – she is unable to extend, deepen or end the relationship. It remains to be seen whether these relationships, if activated by contact, will play out in quite this one-sided manner. It is a moot point whether such relationships would, in fact, be possible in practice. Rachel's account paints herself in an almost objectified, emotionally neutral role. She will neither extend nor curtail this relationship herself, but how would a person enact such a position? Relationships are built collaboratively. If Rachel, and her donor peers, were to disengage from this process, leaving the initiative entirely up to the donor-conceived person, then this might actually foreclose that relationship rather than leaving it open. In any personal relationship, if it is always one person and not the other who makes contact, who suggests meeting again, who broaches more intimate topics of conversation, then this relationship would likely wither since the other person would be perceived to be uninterested. I therefore suggest that “letting them lead” is best interpreted as a

discursive strategy rather than a description of the way donor-offspring relationships are likely to be enacted. By assigning greater kinship agency to donor offspring and also, as I will now demonstrate, to recipients, donors diminish some of the riskiness associated with their use of kinship discourses.

Donors also assigned relationship-shaping power to recipients. This is clearly illustrated by the fact that, although the vast majority supported donor offspring's "right to know where they came from," all donors also believed that it was rightfully the choice of the recipient(s) alone as to whether, when and how offspring came to learn of the circumstances of their conception. Although donors often argued that the best interests of the child were served by openness, none chose to restrict their donation only to those who were planning to disclose this information. This was despite many voicing their fears that their own relationship with donor offspring might be problematic if secrets were kept since they could be viewed as complicit in the perceived betrayal.

Known donors often presented themselves as particularly flexible with regard to recipients' wishes and viewed the recipient parents as best placed to decide what kind of relationship offspring might develop with them. In the following extract, Tom assigns power to the donor-conceived person to shape the character of their relationship. However, their best interests are to be interpreted by the recipient parents. Helen and Lisa are the mediators who will decide Tom's role in meeting their child's needs. His duty is primarily to be available:

T: The point is there's a channel [between me and the donor-conceived child] there. Whatever would be appropriate.

LG: And how would you know what's appropriate?

T: Well you don't. You just figure it out as you go along, like most things in life. It's up to Helen and Lisa ultimately...I think Helen and Lisa would be attuned to that, in a sense. And they might say, maybe, you should come and visit. Just have a chat.

(Tom, known sperm donor)

Donors' narratives, particularly those who did not know their recipients, were characterised by adaptability. They did not have a fixed idea of how their relationship with donor offspring and recipients would or should develop in the future. Although they absolutely rejected a parental relationship, whether or not it could be considered familial in some wider sense was often left open, subject to future negotiation with significant others, particularly recipients and offspring.

In a few cases, we can see that donors have already, during the process of donation or since, changed their views about the extent, and means by, which kinship connections need to be curtailed or managed. For example, pre-donation Karen writes in her blog that she has decided to proceed with egg donation as an anonymous donor:

I suppose a few of the things which played on my mind were, will the kid who is born as a result of my eggs come knocking on my door when they fall out with their mum, looking for money or a bed to sleep in? Will I be financially responsible in any way for him/her? How would I feel if their parents died when they were young? Who would look after them? Would it have to be me??

And so the decision I have made, is to remain completely anonymous – to have no connection whatsoever with anyone who is born from my karry-eggys. I only want to know if and when there's a child born. I feel that by then, I'll have done my part and it's been a success. That's all. They will have a mum and dad.

(Karen, egg donor, extract from blog)

This was written just days before Karen was due to start injecting herself with Follicle Stimulating Hormone and, at this point seems to be unaware that she will not legally be able to remain anonymous. However, by the time I interviewed her, approximately two years later, she was aware of the identity-release legislation and quite curious to meet her recipient and donor offspring. She embarked on donation with the view that the best way to limit the kinship associations of donation (possibly feeling obligated to care for, or support the donor-conceived person) was to ensure physical distance between herself and the potential offspring – to ensure they don't "come knocking on [her] door." However, at some point since then, presumably after finding out that entirely anonymous donation is no longer permitted, she becomes open to, and interested in, possible future contact. Either the familial connotations of

her relationship to offspring are no longer problematic for her *or* she is managing those connotations in another way.

Karen's adaptability echoes Nordqvists's (2014; 2012) and Dempsey's (2010; 2012) analysis of kinship narratives amongst lesbian users of donor-insemination. As described in Chapter Three, these studies emphasise change and negotiation amongst children and adults as to how kinship networks are constructed, including if and how genetic connections are attributed social significance in their families. As both researchers demonstrate, when circumstances change and "real life" relationships develop, people are able to renegotiate the meaning of the donor in their constructions of family. The complex and multi-layered nature of kinship discourses and practices make them particularly amenable to such flexibility. In the donors' readiness and ability to adapt we can see similar processes at work. The donors I interviewed were not renegotiating the way in which they constructed themselves *as* kin but they were ready to renegotiate and change their position *in relation to* the notion of kinship. In other words, they were flexible with regard to whether, and to what extent, their connection with offspring might be enacted and defined as familial. Depending on how their circumstances might change and the responses of others, they imagined negotiating the kinship connotations of their connection with offspring differently, perhaps in ways which might allow them to step a little further into that kinship space:

LG: And are there any no-nos. Is there anything that you think that definitely wouldn't be a good idea? Or I wouldn't do that?

T: The counsellor said. You know, she was just pushing buttons really. She said, what would you do if the child wanted to call you Dad? And I thought, ooh that's a bit of a funny one that isn't it? I am, Is it a no-no? You can't rule anything out. Because if they're really, if it's kind of make or break for the child then yeah of course. But I think that would be a bit, probably close to a line. Might be the wrong side of the line even. It's...But I'm very much a situationalist. It just depends. I'm pretty flexible and liberal. I don't really mind. I can deal with most things. Got any suggestions what I should think about it?

(Tom, known sperm donor)

At the time of the interview, Tom thought that being called "Dad" by his donor-conceived child would probably be too close to a kinship role, specifically a parental

role. However, he could imagine a situation where that might change, if it became “make or break for the child.”

## **Conclusion**

In this chapter I have sought to demonstrate the various ways in which donors qualified kinship discourses and practices in order to make sense of their relationship to donor offspring and the recipient family. The previous chapter demonstrated how donors deconstructed their own experiences of “doing family” in order to narrate roles for themselves as “donor parents.” In this chapter, I have shown how their selective analogies with family practices and discourses were qualified or modified in various ways, in order to distance themselves from a kinship claim, particularly a parental role.

The discursive means through which donors qualified their connection to offspring were both constrained and enabled by the ways in which they talked about donation more widely. By situating gamete donation within particular discourses of gift-giving – particularly as a communal gift or a “pure” gift – donors depersonalised donation and diffused the emotionally intimate connotations associated with their adoption of kinship discourses. In addition, donors (the vast majority female) who narrated their donation as a more personal gift to a specific recipient were able to manage risky relationships with offspring by articulating that relationship as one which was “re-routed” via their connection to recipients or via their own children.

The other means by which donors qualified kinship were possible because of donors’ wider kinship expertise and their experiences of “doing family.” For example, the decision that their families were complete enabled donors to divest their gametes of kin-making potential and position them in a scientific context, as “just a cell” or “DNA.” They drew on their own family traditions to position donation as a characteristic practice of their own families. They confronted and subverted, through parody, any reading of their situation as problematic and they drew on discourses of

caring, vulnerability and bonding to explain why temporal and spatial distance precluded any parent-child connection with offspring. Finally, experiential knowledge of a culturally-specific person-centred model of kinship (Strathern 1992a; Finch and Mason 2000) enabled them to manage risky kinship possibilities by assigning definitive agency over those connections to offspring and their parents.

# Conclusion

I began this project with a key question in mind: How do gamete donors make sense of donation? I was particularly fascinated by the position of identity-release donors – an apparently novel role, made increasingly common by recent changes in the regulatory regimes governing donor assisted conception, in the UK and beyond. The potential for future contact makes identity-release donation a markedly different undertaking from anonymous donation. These men and women donate with the knowledge that their relationship to offspring and recipients may well be enacted and negotiated in “real life” rather than only in the imaginary of persons separated by anonymity. I wondered how they expected such contact might play out. What kind of role do they feel they would or should play in this process? In addition, I was fascinated by the potential and suspended character of this relationship. These donors *may* find themselves in a position where they are enacting a relationship with their donor offspring, but they also might never be contacted and, in either case, they must usually wait eighteen years to find out. In the context of so many uncertainties, I wondered how they negotiated their role, in relation to recipients, potential offspring and the wider community and how these processes were shaped by the social (including regulatory, clinic and wider cultural) contexts in which they donated.

My initial curiosities were gradually distilled into the following research questions, which aimed to both describe and explain the ways in which donors made sense of donation, including their role as donors and the relationships it set in train:

1. How do UK identity-release gamete donors view and experience donation?
  - a) How do donors describe the role of a gamete donor?
  - b) Has the meaning of donation changed for donors over the life-course, if so how?
  - c) How do donors describe their motivations?
  - d) How do donors describe the donation process, in and out of clinic?



- e) How do donors describe their role in relation to (potential) donor-conceived child(ren)?
- f) How do donors describe their role in relation to recipient(s)?
- g) How do donors feel about the possibility of contact from donor offspring?
- h) How do donors expect they should or would react if they were contacted by donor offspring or recipients?

2. How are their views and experiences shaped by the social contexts in which they donate?

- a) What kinds of experiences and cultural discourses do donors draw on in order to make sense of donation and their role?
- b) What are the similarities and differences in the views of different donors and how might these be explained?
- c) With whom, and how, do donors discuss their donation?
- d) How do clinic staff view the act of gamete donation and the role of donors?
- e) What differences (if any) exist in the way clinic staff perceive different donors (i.e. men/women, parent/childless, younger/older) or different types of donation (known, patient, volunteer)?
- f) How do clinic staff interact with donors?

### **Summarising my argument**

As my literature review highlighted, identity-release gamete donors in the UK donate in the context of contradictory cultural pressures to both connect with, and distance themselves from, recipients and offspring. On the one hand “biological” ties are perceived to be “naturally” permanent and genetic connections associated with positive identity formation for offspring. On the other hand, a continued ideal of the two-parent “sexual family” (Fineman 1995), along with a view of social parenting as fragile, positions the donor as a threat to the recipient and their family unit. In addition, my literature review identified a tension between the way in which the donation of bodily donation is often experienced (as a personal, relational gift) and the ideal, particularly evident in medical-ethical discourses, that gifts ought to be

given at a distance, without any obligation or expectation of return. As Chapter Three demonstrated, these tensions are evident in previous research with (mostly anonymous) gamete donors. However, the introduction of identity-release legislation and the accompanying idealisation of openness around “genetic truths” (Smart 2009; 2010) seems to bring these tensions to the fore. Whilst, under anonymous systems of donation, donors are encouraged and expected to ignore or screen out the social significance of their connection to offspring (Speirs 2008), this is no longer the case. Under identity-release legislation, “good donors” are expected to remain open and available to contact with their donor-conceived offspring, should that be their wish and, by extension, perhaps with their recipient(s) (Graham, Mohr, and Bourne 2016).

As I argued in Chapter Three, legal regulation and organisational (here, usually fertility clinics’) practices are two important factors shaping how bodily donation is understood. Hence the need for research specifically exploring the experiences of identity-release donors. This thesis is one of very few qualitative studies which has analysed in-depth what it means to be an identity-release donor, from the perspective of those men and women who donate<sup>16</sup>.

I have structured the findings chapters of this thesis by examining, in turn, how the donors I interviewed perceived their role in relation to recipients, the wider community and offspring, examining throughout how perceptions of their role were shaped by the regulatory, clinical and wider cultural contexts in which they donated. Each findings chapter therefore examined different aspects of the first (descriptive) research question, whilst all addressed the more explanatory questions contained with the second. However, what I hope has become clear in the course of my analysis is that the relationships donors imagine and enact with each of these groups are all

---

<sup>16</sup> Sebastian Mohr’s (2014; 2015; 2016) and Alison Wheatley’s (2016) research with Danish sperm donors constitute the two exceptions I am aware of. However, it should be noted that a key difference between the Danish and the UK context is that, in Denmark, donors can choose whether or not they wish to remain completely anonymous, complete an extended profile and/or be identifiable to adult offspring.

mutually implicated. We cannot fully understand one without understanding the others. How donors narrated their position in relation one of these groups shaped how they could and did narrate their position in relation to the others. The ways in which they talked about their role in one capacity (as a giver of a gift, a good citizen or a “donor parent”) constrained and enabled different ways of talking about their role in another. In this thesis, my particular interest has been in how concurrent frameworks for talking about their donation as a particular kinds of gifts provides both discursive resources and constraints upon donors negotiating the novel role they find themselves in – that of donor parent.

In Chapter Five, I addressed the research question regarding donor’s perceived relationship to recipients, which therefore also examined how they presented their motivations and led me to explore similarities and differences in the narratives of different donor types. I discussed how all donors depicted their role in relation to recipients as one of giver or helper. Donors explained their decision to donate in relation to an imagined, generalised image of a “desperate” recipient. In this way, their donation was conceptualised as a communal gift to a generalised other, an act of social solidarity or good citizenship. However, some, particularly female and known, donors, also constructed donation as a relational gift, which connected them to their *specific* recipient. Drawing on this framing of their donation as a personal gift, some donors, the vast majority egg donors, explained they were interested in finding out more about their recipients or meeting them. However, all the donors I interviewed were limited in their ability to construct these kinds of personal connections with recipients. By examining my data on interactions and practices in the clinic, I show that clinic practices, including the maintenance of donor-recipient anonymity, as well as a wider cultural ideology of the “pure gift” discouraged such connection making. In addition, the desire to give recipient’s a “normal” experience of parenthood meant many donors felt some distance was best, in order to avoid “treading on the toes” of the recipient. I argued that the stigma of male infertility and donor insemination posed particular barriers to sperm donors narrating their donation as a more personal gift, connecting them to their specific recipient(s) which explains why such talk was limited largely to female donors. As the following chapters demonstrated, the ways

in which they both constructed and limited connections with recipients shaped how they talked about their role in relation to the wider community and offspring.

In Chapter Six, I discussed how donors talked about their role in relation to the wider community, and their donation as an act of good citizenship. This chapter therefore continued to focus on the question of how donors presented their motivations, this time with a focus on how this was shaped by clinic practices and wider cultural discourses relating to money and payment. In addition, this chapter demonstrated that how donors negotiated the issue of money was shaped by the way in which they perceived their role in relation to offspring and recipients. The idea of “being paid” to donate was problematic primarily because of their imagined relationship with offspring and the responsibility they felt towards them. To find out that that their conception had resulted from financial motivation was perceived to be emotionally damaging to offspring. It was therefore of paramount importance that they be perceived as altruistic volunteers rather than people who were donating “for the money.” However, this did not mean that no payment could be offered or accepted by donors. As I demonstrated, egg donors tended to take a nuanced view of payment, stating that some payment (depending on the amount and how it was paid) could be accepted without undermining the spirit of altruism which should, and did, underpin their donation. Another view, most frequently and strongly asserted by sperm donors, was that to accept any payment tainted the gift they had given. I argue that these gendered patterns arise, in part, because of a stereotype of sperm donation as a job, undertaken for “beer money,” evidenced through sperm donors’ reports of their interactions with others regarding their donations. However, they also arise because male donors tended to rely more heavily on a discourse of “pure” gifts, and an absolute opposition to self-interested market exchange, in order to present their donation as an other-oriented act. As argued in Chapter Five, cultural barriers limit sperm donors’ ability to construct connections with recipients and therefore draw on a discourse of personal, relational gifts in order to construct their donation as an altruistic act. The way in which donors conceptualised their relationship to recipients therefore provided both resources and constraints upon how they negotiated the issue of money.

In Chapters Seven and Eight, I addressed those questions relating to how donors negotiated their relationship to offspring, including how they felt about the possibility of future contact and how they envisaged their role, including in the past, at the time of interview and in the future. Although they entirely rejected the role of parent, the donors I interviewed did not dismiss their connection to offspring and almost unanimously supported donor offspring's "right to know where they came from." In Chapter Seven, I showed how donors selectively borrowed ideas and practices associated with families in order to make sense of this novel role of "donor parent." They deconstructed and applied their own experiences of, and wider cultural knowledge about, family relationships. Throughout their lives, donors had built up experiential understanding of the flexible and dynamic ways in which kinship connections could be constructed and the ways they could change over time. This kinship repertoire provided donors with resources to make sense of the novel situation they found themselves in. However, crucially, these kinship references were always qualified in some way to show that this relationship was not quite family, in any straightforward sense, and certainly not parental. Such qualification was necessary in order to protect the status of the recipient(s) as the "real" parents.

In Chapter Eight, I analysed the various ways in which donors qualified their references to kinship discourses. Often qualifying kinship in this way relied on shifting perspective – framing the donation as a public act or communal gift (often likened to blood donation) or a "pure" gift which ought to be entirely given up. These were both discursive means by which donors could depersonalise gamete donation and also position it as a public rather than personal act. Donors also drew on their relationship to recipients in order to "re-route" their connection to offspring – presenting their link to offspring as indirect, something which flowed through their pre-existing or gift relationship to their mother. In a similar way, donors narrated their connection to offspring via their own children, in this way bringing the two family units together rather than talking about their relationship to offspring as something which was direct or special. Again, this particular strategy was limited,

amongst my interviewees, to egg donors. I argued this was because of the barriers to sperm donors talking about specific connections with recipients. These ways of limiting connection relied on donors invoking their role as givers, either to specific recipients or to the wider community. However, these were not the only ways in which donors qualified kinship. They also drew on their kinship expertise to dilute their connection to offspring by constructing boundaries between their own families and the recipients', through the use of humour, references to spatial and temporal distance and by assigning kinning agency to recipients and offspring,

To sum up, my donor participants donated in a markedly different ethical and legal context to that in which previous anonymous gamete donors have donated. In this context, they face heightened and contradictory pressures to both connect with and distance themselves from the recipient family. On the one hand, my participants had invested in the idea that donor offspring might have a "need" to one day meet their donor, they therefore could not simply dismiss their connection to offspring as socially insignificant. On the other hand, in light of the ideal of two-parent families and a perception of "natural" ties as enduring in contrast to their fragile "social" equivalent, donors were aware they presented a threat to the status of recipients as the "real" parents. Narrating or enacting connections with the recipient family therefore ran the risk that they be perceived as "treading on their toes." In negotiating these dual pressures, donors constructed a position for themselves in which they were not-quite-kin to offspring, drawing on elements of kinship discourses and family practices to make sense of their role whilst simultaneously qualifying those references, in order to protect the boundaries of the recipient family and the status of the recipients as parents. They did this limiting work in various active and creative ways: In part, kin-like connections with offspring were qualified by repeatedly reframing their donation as an act of giving or helping, something which connected them to recipients and/or the wider community (not only offspring). In addition, donors drew on their rich and experiential knowledge of the ways in which kinship claims can be made, unmade and renegotiated over time, in order to limit their connection to offspring, particularly to distance themselves from a parental role.

## Contribution to knowledge

This thesis contributes to recent sociological work on family and personal life and also speaks to an anthropological audience, particularly those with an interest in the “new kinship studies.” In both disciplines, recent work on family and kinship has emphasised the importance of “doing” relatedness rather than “being” related, taking everyday practices as the starting point for research rather than an assumption that relatedness is determined on the basis of preconceived structures. As a result, such research has been able to explore the diverse and contingent ways in which people in Euro-American societies construct people as kin. As discussed in Chapter Three, this diversity and contingency is particularly evident in research with users of ARTs. In such cases, persons may be claimed as kin in relation to a discourse of the “biological” or on the basis of intention, caring practices or love. What is more, the kinds of processes or substances which may be defined or counted as “biological” in this context is variable and sometimes surprising.

This thesis both supports and enhances this line of theoretical thinking. In the context of such diversity and flexibility, I am looking at the *limits* of this process of doing kinship. When and why are kinship claims *not* made, screened out, sidestepped or diluted? Following Edwards and Strathern (2000), I argue that these limiting processes are in fact *part of* kinship thinking and constitute the necessary counterpart to a, theoretically infinite, model of kinship in which kinship claims may be made on the basis of diverse kinds of linkages. However, despite Edwards and Strathern’s insight, little empirical attention has been paid to exactly *how* potential kinship connections are deactivated, diluted or suspended in practice. Previous work has tended to focus on inattention to the relationship as a means of truncating kinship, either via a gradual process of forgetting a familial relationship (as Edwards and Strathern 2000 describe) or a process of screening out (or attempting to screen out) a connection, as may be the case in anonymous gamete donation (Speirs 2008). In contrast, my thesis examines a case where kinship is qualified in various ways, but crucially without denying that a connection, of some kind, exists. The donors I

interviewed did this limiting work in highly creative ways, not restricted to forgetting or ignoring connections. My study therefore demonstrates that *not* constructing kinship claims can be as active a process as making them.

Within Sociology, recent work on the family has often begun from Morgan's (1985, 1996) assertion that families are something which is "done" rather than something which simply "is." Families are actively and continually reproduced through, often routine and taken-for-granted, practices. Finch (2007) has extended this concept of "doing family" by adding that family practices also need to be displayed. That is, they need to be recognised *as* family practices by significant others. My own findings complement the examples she gives, by illustrating how family can also be, quite actively and carefully, *not done*. I have shown that *not* constructing kinship connections can be as active a process as constructing them and that "not really being family" or "not being the real parent" also needs to be continually reproduced through practices and discourses.

In Chapter Eight, I offered a typology of different processes by which kinship can be actively qualified. In some cases, this involved re-framing the donation as an act of giving, either depersonalising connections by reframing procreative choices as a communal or pure gift or by "re-routing" connections with offspring via their gift relationship to the recipient(s). At other times, it involved drawing on wider knowledge of family practices and discourses: drawing boundaries between families, parodying stereotypical or simplistic understandings of kinship relationships, referencing spatial and temporal distance or assigning kinning agency to others. I do not expect that this list is exhaustive. There may well be further processes via which kinship is limited in different contexts. However, I believe that there is scope for both application and extension of the concepts I describe in future research. They may be a helpful means of understanding how kinship is done (and undone) in different circumstances beyond the realms of donor-assisted reproduction. I have in mind circumstances in which the making of (overt) kinship claims may be avoided or in which the process of doing kinship may be actively undone or diluted: foster



children leaving foster families, adoption breakdowns, family estrangements or friendships following divorce, for example.

My analysis also suggests that lived experiences of “doing kinship” can encompass “grey areas” – relationships that cannot easily be categorised as familial or not. This is quite consistent with the theory that kinship is something we continually reproduce through practices of relatedness. It is by imagining, enacting and displaying (Finch 2007) such practices that we come to think of ourselves as family. If we think of kinning as a continual process, negotiated over time, it follows that someone can be more or less like kin, that some people might be firmly established as family members whilst others can be perceived as “not quite”, “only just” or on the boundaries of our families. The donors I interviewed occupied such a liminal position in their kinship imaginings. In their words, they were “not really” parents to offspring but, in some circumstances, kinship practices or terms were considered appropriate. Their occupation of this “grey area” had to be carefully managed; To step too far away from a kin-like relationship with offspring would be seen as irresponsible, potentially abandoning offspring to a life of genetic bewilderment (Sants 1964), of not “knowing where they came from.” However, to make an overt, unqualified kinship claim ran the risk of presenting a threat to the recipient family and undermining the gift of parenthood which had motivated their donation in the first place.

Identity-release donors are not unique in occupying this liminal space in relation to kinship practices. In fact, there are many more everyday situations in which it is not clear to people whether, and when, a relationship should be imagined, enacted or defined as kin. Separation and re-partnering following the birth of children, as well as couples cohabiting outside of marriage, provide the clearest examples where this might be the case. For example, imagine that a person begins a romantic relationship with someone who already has a child from a previous relationship. They may eventually come to think of that child as part of their own family. However, as part of that process of becoming kin, they may temporarily occupy a “grey area,” where

they are conceived as *not quite* kin, kin-like or kin in particular circumstances. Such situations may be temporary, a stepping stone en route to a more secure conception of the relationship as familial, or alternatively they might be a long-term or permanent state of affairs. “Doing kinship” in such circumstances might need to be carefully managed to avoid being seen to over-step one’s role or, conversely, as overly distant or shirking one’s responsibilities. This is just one example but already we can see how such “grey areas” might provide fruitful contexts for enhancing our understanding of how kinship is done and undone.

### **Transferability and limitations of this study**

To what extent are my findings generalisable beyond the limits of my sample? Whilst clearly I have not interviewed a statistically representative sample of the wider donor population (at either the clinic or a national level), my findings are theoretically transferable (Lewis and Ritchie 2003) to wider populations and other contexts.

The tensions which my donor participants face and the way in which they negotiate them are shaped by the legislative contexts in which they donate, organisational practices in clinics and culturally-specific understandings of the ways in which kinship is constructed as well as norms relating to gift giving. Where these contextual factors are broadly similar it is likely that similar tensions will arise and donors, as a general rule, will negotiate these in similar ways. On this basis, my findings have implications for the views and experiences of identity-release donors in the UK and in other culturally similar countries, such as Australia, Canada and other European countries, where such legislation has also been introduced in recent decades.

That said, my research also demonstrates that clinic practices and interactions, particularly regarding payment and connections with recipients, were also significant factors shaping how donors made sense of donation. We cannot assume that, just

because regulatory regimes may be broadly similar in these countries, that organisational practices will also be uniform. This also applies to clinics in the UK. Whilst HFEA rules regarding payment may apply nationally, the way in which these payments are offered, made and talked about, may vary from clinic to clinic. In addition, we should remember that payment regimes had recently changed at the time I had carried out my research (with fixed payments being introduced in 2012) and clinic practices may therefore have changed since data collection.

There were also particular groups of donors missing from my sample. Firstly, I was not able to interview any egg-share donors who had not conceived themselves following their donation. This is a significant limitation because such donors may face the possibility that they remain childless, whilst one or more of the eggs they donated has resulted in a birth to another woman. I was also unable to interview a significant proportion of donors who had declined to be contacted for research purposes (see Chapter Four). Whilst staff in Hillbrook did comment that this was perhaps due to a misunderstanding about what “research” meant in this context, this may mean that my sample excludes those for whom discussing their donation or being identifiable is problematic in some way. When viewed in conjunction with my recruitment of donors via the NGDT, it is possible that my sample is biased towards those with a “rosier” view of identity-release gamete donation.

Future research is needed to explore how different subgroups of the donor population might make sense of gamete donation differently. This should include those who my own recruitment strategies failed to reach – such as unsuccessful egg sharers. It could also include comparisons between different clinics, particularly those who are known to take varied approaches to donor recruitment and management. Studies in different clinics might also be able to recruit donor participants from a wider range of ethnic and religious backgrounds, something which was limited in my own study by the lack of diversity in the clinics’ donor pools.

Of course, one key limitation of this study is that, for many of the donors I interviewed, their relationships to recipients and offspring are only imagined. We do not yet know how they will enact these roles if and when they meet in person and whether donors' imaginings will meet with recipients' and offspring's expectations of how this relationship might play out. Further research will be needed in the future to analyse how the roles of donors are negotiated in practice.

### **Implications for policy and practice**

My research has implications for policy-makers and practitioners who aim to support donors, donor-conceived persons, recipients and others implicated by gamete donation. It may also be of interest to those seeking to increase the numbers of sperm and egg donors coming forward in the UK. However, I am aware that, as a result of the time I have spent with donors, listening to their stories, reading and re-reading their words, I very much see the situation from their perspective. Any policy and practice implications should be worked out in conversation with other stakeholders, medical practitioners, those seeking and gametes and, of course, donor-conceived people and their families. The following suggestions are therefore to be read as starting points for these conversations rather than definitive proposals.

Firstly, my thesis supports the findings of studies which demonstrate that, contrary to some gloomy predictions, there are people who are prepared to donate gametes without absolute anonymity (Daniels, Curson, and Lewis 1996; Daniels 2007a; 2007b; Riggs and Russell 2011; Mohr 2015; Scheib and Cushing 2007). Whilst it is quite possible that identity-release legislation discourages some potential gamete donors, it does not deter others. The donors I interviewed were, almost unanimously, supportive of this legal amendment. They expressed few concerns about meeting their offspring and were often curious about what the future would bring. However, we need to acknowledge the particular relational and discursive work which is required of identity-release donors. They are negotiating an ambiguous, unscripted role, facing contradictory pressures to both distance themselves from the recipient family and to connect with offspring. My findings demonstrate that donors

negotiated these dual imperatives with quite remarkable creativity and adaptability, constructing a role for themselves in relation to offspring which limited their symbolic threat to recipients. However, most participants had not yet met their offspring or recipients. The role of “donor parent” may be more challenging to enact in practice, if and when donors meet with their offspring and their parents. At this time, donors, donor-conceived persons and both their families may benefit from access to counselling services to explore possibilities and discuss any difficulties as to how this relationship might play out.

Secondly, my findings show that we cannot treat identity-release as an “add on” policy. By this I mean that it is important to understand that the ways in which donors make sense of their relationships to recipients, offspring and the wider community are all inter-connected. If policy changes such that donors are re-positioned in relation to one of these groups, then it will have consequences for how they conceptualise their relationships with the others. Furthermore, if policy decisions are made without thinking through how they position donors in relation to each of these groups, contradictions may arise which place challenges on those negotiating the role of donor and could impact on the numbers coming forward. So for example, any decision to increase payment or to advertise existing payments as financial incentives could pose challenges to donors presenting their donation as a civic act or a gift to recipients. Aside from the ethical issues with such a change, since these frameworks for understanding donation provide donors with discursive means of qualifying their kin-like connection with offspring, changes with payment might also pose difficulties for donors making sense of their relationship with offspring.

Thirdly, this thesis raises the question as to whether donors and recipients should be able to make contact, prior to their offspring turning eighteen, if that is what both parties prefer. My interviews show that, despite pressures to distance themselves from recipients, several egg donors were interested in finding out more about, and sometimes meeting, their recipients. Furthermore, connections with recipients

provided a means for donors to talk about their relationship to offspring in a way which minimised the symbolic threat they presented to the recipient parent(s). Currently, the system of anonymity and clinic practices, as well as wider cultural discourses, discourage connections between recipients and donors, particularly in cases of sperm donation. Further research and discussion on the benefits and risks of changing policy and practice in this area would be worthwhile.

Finally, this thesis raises the question as to whether it is desirable or necessary for policy makers to provide donors, and potential donors, with an established narrative of what it means to be an identity-release donor. As I have explained, in the absence of any cultural script, the donors I interviewed were figuring out what donor parenthood meant as they went along. Perhaps if there was a more established script then greater numbers of people would be willing to donate gametes. I would argue that any attempt to impose one single way of understanding donor parenthood would run the risk of excluding the experiences of some. However, what may be helpful is to share more widely stories of how different donors enact or imagine “donor parenthood.” These men and women are negotiating new kinship terrain. If their stories are heard, pathways for navigating this new space can emerge and perhaps others will follow.



# References

- Agar, Michael H. 1980. *The Professional Stranger*. London and New York: Academic Press.
- Ahuja, K K, B J Mostyn, and E G Simons. 1997. 'Egg Sharing and Egg Donation: Attitudes of British Egg Donors and Recipients.' *Human Reproduction* 12 (12): 2845–52.
- Ahuja, K. K., E. G. Simons, and R. G. Edwards. 1999. 'Money, Morals and Medical Risks: Conflicting Notions Underlying the Recruitment of Egg Donors'. *Human Reproduction* 14 (2): 279–84.
- Ahuja, K. K., E. G. Simons, W. Fiamanya, M. Dalton, N. A. Armar, P. Kirkpatrick, S. J. Sharp, M. Arian-Schad, A. Seaton, and A. J. Watters. 1996. 'Egg-Sharing in Assisted Conception: Ethical and Practical Considerations'. *Human Reproduction* 11 (5): 1126–31.
- Ahuja, K K, E G Simons, B J Mostyn, and P Bowen-Simpkins. 1998. 'An Assessment of the Motives and Morals of Egg Share Donors: Policy of "Payments" to Egg Donors Requires a Fair Review.' *Human Reproduction* 13 (10): 2671–78.
- Almeling, Rene. 2006. "'Why Do You Want to Be a Donor?': Gender and the Production of Altruism in Egg and Sperm Donation'. *New Genetics and Society* 25 (2): 143–57.
- . 2007. 'Selling Genes, Selling Gender: Egg Agencies, Sperm Banks, and the Medical Market in Genetic Material'. *American Sociological Review* 72 (3): 319–40.
- . 2011. *Sex Cells: The Medical Market for Eggs and Sperm*. University of California Press.
- Altheide, David L. 1987. 'Reflections: Ethnographic Content Analysis'. *Qualitative Sociology* 10 (1): 65–77.
- Auksuole, Cepaitiene. 2009. 'Imagining Assisted Reproductive Technologies: Family, Kinship and "Local Thinking" in Lithuania'. In *European Kinship in the Age of Biotechnology*, edited by Jeanette Edwards and Carles Salazar. New York and Oxford: Berghahn Books.
- Bandera, Christina A., Daniel W. Cramer, Andrew J. Friedman, and Ellen E. Sheets. 1995. 'Fertility Therapy in the Setting of a History of Invasive Epithelial Ovarian Cancer'. *Gynecologic Oncology* 58 (1): 116–19.
- Barton, M, K Walker, and BP Wiesner. 1945. 'Artificial Insemination.' *British Medical Journal* 1 (4384): 40–43.
- Bauman, Zygmunt. 2003. *Liquid Love: On the Frailty of Human Bonds*. Polity Press.
- Beck, Ulrich, and Elisabeth Beck-Gernsheim. 2015. *The Normal Chaos of Love*. John Wiley & Sons.
- Becker, Gay. 2000. *The Elusive Embryo*. London and Berkeley: University of California Press.
- Becker, Gay, Anneliese Butler, and Robert D. Nachtigall. 2005. 'Resemblance Talk: A Challenge for Parents Whose Children Were Conceived with Donor Gametes in the US'. *Social Science & Medicine* 61 (6): 1300–1309.



- Bergman Blix, Stina, and Åsa Wettergren. 2015. 'The Emotional Labour of Gaining and Maintaining Access to the Field'. *Qualitative Research* 15 (6): 688–704.
- Bestard, John. 2009. 'Knowing and Relating: Kinship Assisted Reproductive Technologies and the New Genetics'. In , edited by Jeanette Edwards and Carles Salazar. New York and Oxford: Berghahn Books.
- Blyth, E. 2002. 'Subsidized IVF: The Development of "egg sharing" in the UK'. *Human Reproduction* 17 (12): 3254–59.
- Blyth, Eric. 2012. 'Genes R Us? Making Sense of Genetic and Non-Genetic Relationships Following Anonymous Donor Insemination'. *Reproductive Biomedicine Online* 24 (7): 719–26.
- Blyth, Eric, Marilyn Crawshaw, Lucy Frith, and Caroline Jones. 2012. 'Donor-Conceived People's Views and Experiences of Their Genetic Origins: A Critical Analysis of the Research Evidence'. *Journal of Law and Medicine* 19 (4): 769.
- Blyth, Eric, Marilyn Crawshaw, Jean Haase, and Jennifer Speirs. 2001. 'The Implications of Adoption for Donor Offspring Following Donor-assisted Conception'. *Child & Family Social Work* 6 (4): 295–304.
- Blyth, Eric, and Lucy Frith. 2009. 'Donor-Conceived People's Access to Genetic and Biographical History: An Analysis of Provisions in Different Jurisdictions Permitting Disclosure of Donor Identity'. *International Journal of Law, Policy and the Family*, January. <http://lawfam.oxfordjournals.org/content/early/2009/04/16/lawfam.ebp002.abstract>.
- Blyth, Eric, Lucy Frith, Caroline Jones, and Jennifer Speirs. 2009. 'The Role of Birth Certificates in Relation to Access to Biographical and Genetic History in Donor Conception'. *The International Journal of Children's Rights* 17 (2): 207–33.
- Burr, Jennifer. 2009. 'Fear, Fascination and the Sperm Donor as "abjection" in Interviews with Heterosexual Recipients of Donor Insemination'. *Sociology of Health & Illness* 31 (5): 705–18.
- Byrd, Louise M., Mary Sidebotham, and Brian Lieberman. 2002. 'Egg Donation — The Donor's View: An Aid to Future Recruitment'. *Human Fertility* 5 (4): 175–82.
- Cairns, Kate. 2009. 'A Future to Voice? Continuing Debates in Feminist Research with Youth'. *Gender and Education* 21 (3): 321–35.
- Campbell, Alison, Simon Fishel, Natalie Bowman, Samantha Duffy, Mark Sedler, and Simon Thornton. 2013. 'Retrospective Analysis of Outcomes after IVF Using an Aneuploidy Risk Model Derived from Time-Lapse Imaging without PGS'. *Reproductive BioMedicine Online* 27 (2): 140–46.
- Carrier, James. 1990. 'Gifts in a World of Commodities: The Ideology of the Perfect Gift in American Society'. *Social Analysis: The International Journal of Social and Cultural Practice*, no. 29: 19–37.
- Carsten, Janet. 2000a. *Cultures of Relatedness: New Approaches to the Study of Kinship*. Cambridge: Cambridge University Press.
- . 2000b. "'Knowing Where You've Come from': Ruptures and Continuities of Time and Kinship in Narratives of Adoption Reunions'. *The Journal of the Royal Anthropological Institute* 6 (4): 687–703.
- . 2004. *After Kinship*. Cambridge: Cambridge University Press.

- . 2011. 'Substance and Relationality: Blood in Contexts'. *Annual Review of Anthropology* 40 (1): 19–35.
- Cohen, C.B. 1999. 'Selling Bits and Pieces of Humans to Make Babies'. *Journal of Medical Philosophy*. <http://www.ncbi.nlm.nih.gov/pubmed/10472816>.
- Collier, Jane Fishburne, and Sylvia Junko Yanagisako. 1987. *Gender and Kinship*. Stanford, California: Stanford University Press.
- Cook, Rachel, and Susan Golombok. 1995. 'Ethics and Society: A Survey of Semen Donation: Phase II — the View of the Donors'. *Human Reproduction* 10 (4): 951–59.
- Cooper, Melinda, and Catherine Waldby. 2014. *Clinical Labour: Tissue Donors and Research Subjects in the Global Bioeconomy*. Durham and London: Duke University Press.
- Corbin, Juliet, and Janice M. Morse. 2003. 'The Unstructured Interactive Interview: Issues of Reciprocity and Risks When Dealing with Sensitive Topics'. *Qualitative Inquiry* 9 (3): 335–54. doi:10.1177/1077800403009003001.
- Craft, Ian, Sofia Flyckt, Gosia Heeley, Sarah Layland, Alan Thornhill, and Ehab Kelada. 2005. 'Will Removal of Anonymity Influence the Recruitment of Egg Donors? A Survey of Past Donors and Recipients'. *Reproductive BioMedicine Online* 10 (3): 325–29.
- Crawshaw, Marilyn. 2008. 'Prospective Parents' Intentions Regarding Disclosure Following the Removal of Donor Anonymity'. *Human Fertility* 11 (2): 95–100.
- Crawshaw, Marilyn, Patricia McCrystal, Jennie Hunt, Jim Monach, and Sheila Pike. 2012. 'BICA Practice Guidelines'. BICA Publications. Available at: <http://bica.net/>.
- Daniels, K., E. Blyth, M. Crawshaw, and R. Curson. 2005. 'Short Communication: Previous Semen Donors and Their Views Regarding the Sharing of Information with Offspring'. *Human Reproduction* 20 (6): 1670–75.
- Daniels, Ken. 1995. 'Information Sharing in Donor Insemination: A Conflict of Rights and Needs'. *Cambridge Quarterly of Healthcare Ethics* 4 (02): 217–24.
- . 1998. 'The Semen Providers'. *Donor Insemination: International Social Science Perspectives*, 76–104.
- . 2007a. 'Anonymity and Openness and the Recruitment of Gamete Donors. Part 2: Oocyte Donors'. *Human Fertility* 10 (4): 223–31.
- . 2007b. 'Anonymity and Openness and the Recruitment of Gamete Donors. Part I: Semen Donors'. *Human Fertility* 10 (3): 151–58.
- Daniels, Ken, Ruth Curson, and Gillian M. Lewis. 1996. 'Semen Donor Recruitment: A Study of Donors in Two Clinics'. *Human Reproduction* 11 (4): 746–51.
- Daniels, Ken, W. Kramer, and M.V. Perez-y-Perez. 2012. 'Semen Donors Who Are Open to Contact with Their Offspring: Issues and Implications for Them and Their Families'. *Ethics, Bioscience and Life* 25 (7): 670–77.
- Daniels, Ken, Gillian M. Lewis, and Ruth Curson. 1997. 'Information Sharing in Semen Donation: The Views of Donors'. *Social Science & Medicine* 44 (5): 673–80.
- Davies, Hayley. 2011. 'Sharing Surnames: Children, Family and Kinship'. *Sociology* 45 (4): 554–69.

- Dempsey, Deborah. 2010. 'Conceiving and Negotiating Reproductive Relationships: Lesbians and Gay Men Forming Families with Children.' *Sociology* 44 (6): 1145–62.
- . 2012. 'More like a Donor or More like a Father? Gay Men's Concepts of Relatedness to Children'. *Sexualities* 15 (2): 156–74.
- Denzin, Norman, and Yvonna S. Lincoln. 2000. *Handbook of Qualitative Research*. 2nd ed. London and Thousand Oaks, California: Sage.
- Derrida, Jacques. 1992. *Given Time 1: Counterfeit Money*. Chicago: Chicago University Press.
- Donovan, Catherine. 2006. 'Genetics, Fathers and Families: Exploring the Implications of Changing the Law in Favour of Identifying Sperm Donors'. *Social & Legal Studies* 15 (4): 494–510.
- Edwards, Jeanette. 2000. *Born and Bred: Idioms of Kinship and New Reproductive Technologies in England*. Oxford and New York: Oxford University Press.
- . 2004. 'Incorporating Incest: Gamete, Body and Relation in Assisted Conception'. *Journal of the Royal Anthropological Institute* 10 (4): 755–74.
- . 2005. "'Make-Up": Personhood through the Lens of Biotechnology'. *Ethnos* 70 (3): 413–31.
- . 2009. 'Introduction: The Matter in Kinship'. *European Kinship in the Age of Biotechnology*, 1–18.
- Edwards, Jeanette, and Carles Salazar. 2009. *European Kinship in the Age of Biotechnology*. New York and Oxford: Berghahn Books.
- Edwards, Jeanette, and Marilyn Strathern. 2000. 'Including Our Own'. In *Cultures of Relatedness: New Approaches to the Study of Kinship*, edited by Janet Carsten. Cambridge: Cambridge University Press.
- Ettorre, Elizabeth, Barbara Katz Rothman, and Deborah Lynn Steinberg. 2006. 'Feminism Confronts the Genome: Introduction'. *New Genetics and Society* 25 (2): 133–42.
- Ezzy, Douglas. 2002. *Qualitative Analysis: Practice and Innovation*. London: Routledge.
- Fielding, Dorothy, Sarah Handley, Lindsay Duqueno, Sue Weaver, and Steve Lui. 1998. 'Motivation, Attitudes and Experience of Donation: A Follow-up of Women Donating Eggs in Assisted Conception Treatment'. *Journal of Community & Applied Social Psychology* 8 (4): 273–87.
- Finch, Janet. 2007. 'Displaying Families'. *Sociology* 41 (1): 65–81.
- Finch, Janet, and Jennifer Mason. 2000. *Passing on: Kinship and Inheritance in England*. London and New York: Routledge.
- Fineman, Martha. 1995. *The Neutered Mother, the Sexual Family and Other Twentieth Century Tragedies*. London and New York: Routledge.
- Finkler, Kaja. 2000. *The New Genetics: Family and Kinship on the Medical Frontier*. Philadelphia: University of Pennsylvania Press.
- Finkler, Kaja, Cécile Skrzynia, and James P Evans. 2003. 'The New Genetics and Its Consequences for Family, Kinship, Medicine and Medical Genetics'. *Social Science & Medicine* 57 (3): 403–12.
- Fisher, Allen P. 2003. 'Still "Not Quite as Good as Having Your Own"? Toward a Sociology of Adoption'. *Annual Review of Sociology* 29 (December): 335–61.

- Fox, Renée, and Judith Swazey. 1992. *Spare Parts: Organ Replacement in American Society*. New York: Oxford University Press.
- . 2002. *The Courage to Fail: A Social View of Organ Transplants and Dialysis*. New Brunswick: Transaction Publishers.
- Franklin, S., C. Lury, and J. Stacey. 2000. *Global Nature, Global Culture*. London: Sage.
- Franklin, Sarah. 1990. 'Deconstructing "Desperateness": The Social Construction of Infertility in Popular Representations of New Reproductive Technologies'. In *The New Reproductive Technologies*, edited by Maureen McNeil, Ian Varcoe, and Steven Yearley, 200–229. London: Palgrave Macmillan UK.
- . 1997. *Embodied Progress: A Cultural Account of Assisted Reproduction*. London: Routledge.
- . 2001. 'Biologization Revisited: Kinship Theory in the Context of the New Biologies'. In *Relative Values: Reconfiguring Kinship Studies*, Franklin and McKinnon. Durham and London: Duke University Press.
- . 2003. 'Re-Thinking Nature—culture'. *Anthropological Theory* 3 (1): 65–85.
- Franklin, Sarah, and Susan McKinnon. 2000. 'New Directions in Kinship Study: A Core Concept Revisited'. *Current Anthropology* 41 (2): 275–79.
- Freeman, Michael. 1996. 'The New Birth Right'. *International Journal of Children's Rights* 4: 273.
- Frith, Lucy. 2001. 'Gamete Donation and Anonymity'. *Human Reproduction* 16 (5): 818–24.
- Fulton, Julie, Robert Fulton, and Roberta Simmons. 1977. 'The Cadaver Donor and the Gift of Life'. In *Gift of Life: The Social and Psychological Impact of Organ Transplantation*. London, New York, Sydney and Toronto: John Wiley and Sons.
- Gamble, Natalie, and Louisa Ghevaert. 2009. 'The Human Fertilisation and Embryology Act 2008: Revolution or Evolution?' *Family Law* 39 (8): 730–33.
- Gannon, Kenneth, Lesley Glover, and Paul Abel. 2004. 'Masculinity, Infertility, Stigma and Media Reports'. *Social Science & Medicine* 59 (6): 1169–75.
- Garfinkel, Harold. 1967. *Studies in Ethnomethodology*. Englewood Cliffs: Prentice Hall.
- Giddens, Anthony. 1992. *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*. Stanford, California: Stanford University Press.
- Gill, Paul, and Lesley Lowes. 2008. 'Gift Exchange and Organ Donation: Donor and Recipient Experiences of Live Related Kidney Transplantation'. *International Journal of Nursing Studies* 45 (11): 1607–17.
- Grace, Victoria M., and Ken Daniels. 2007. 'The (Ir)relevance of Genetics: Engendering Parallel Worlds of Procreation and Reproduction'. *Sociology of Health & Illness* 29 (5): 692–710.
- Graham, Susanna, Sebastian Mohr, and Kate Bourne. 2016. 'Regulating the "Good" Donor: The Expectation and Experiences of Sperm Donors in Denmark and Victoria, Australia'. In *Regulating Reproductive Donation*, edited by Susan Golombok, Rosamund Scott, John B. Appleby, Martin Richards, and Stephen Wilkinson. Cambridge: Cambridge University Press.

- Guillemin, Marilys, and Lynn Gillam. 2004. 'Ethics, Reflexivity, and "Ethically Important Moments" in Research'. *Qualitative Inquiry* 10 (2): 261–80.
- Guyer, Jane I. 1995. *Money Matters: Instability, Values and Social Payments in the Modern History of West African Communities*. Heinemann Portsmouth, NH.
- Haddow, Gillian. 2005. 'The Phenomenology of Death, Embodiment and Organ Transplantation'. *Sociology of Health & Illness* 27 (1): 92–113.
- Haimes, Erica. 1993. 'Issues of Gender in Gamete Donation'. *Social Science & Medicine* 36 (1): 85–93.
- Haimes, Erica, and Ken Daniels. 1998. 'International Social Science Perspectives on Donor Insemination: An Introduction'. *Donor Insemination: International Social Science Perspectives*, 1–6.
- Haraway, Donna. 1991. *Simians, Cyborgs and Women: The Reinvention of Nature*. New York: Routledge.
- Hargreaves, Katrina. 2006. 'Constructing Families and Kinship through Donor Insemination'. *Sociology of Health and Illness* 28 (3).
- Healy, Kieran. 2004. 'Altruism as an Organizational Problem: The Case of Organ Procurement'. *American Sociological Review* 69 (3): 387–404.
- . 2006. *Last Best Gifts: Altruism and the Market for Human Blood and Organs*. Chicago: University of Chicago Press.
- Herrero, Javier, and Marcos Meseguer. 2013. 'Selection of High Potential Embryos Using Time-Lapse Imaging: The Era of Morphokinetics'. *Fertility and Sterility* 99 (4): 1030–34.
- Hewitt, Geraldine. 2002. 'Missing Links: Identity Issues of Donor Conceived People'. *Journal of Fertility Counselling* 9 (3): 14–20.
- HFEA. 1992. 'Human Fertilisation and Embryology Authority Code of Practice (1st Edition)'. London: HFEA.
- . 2005. 'SEED Report: A Report on the Human Fertilisation and Embryology Authority's Review of Sperm, Egg and Embryo Donation in the UK'. London: HFEA. <http://www.hfea.gov.uk/docs/SEEDReport05.pdf>.
- . 2007. 'HFEA Guide to Infertility 2006-2007'. Human Fertilisation and Embryology Authority. [http://www.hfea.gov.uk/docs/facts\\_and\\_figures\\_03-04.pdf](http://www.hfea.gov.uk/docs/facts_and_figures_03-04.pdf).
- . 2012a. 'Code of Practice (8th Edition)'. London: HFEA. [http://www.hfea.gov.uk/docs/8th\\_Code\\_of\\_Practice.pdf](http://www.hfea.gov.uk/docs/8th_Code_of_Practice.pdf).
- . 2012b. 'Donor Statistics'. Published online at [www.hfea.gov.uk](http://www.hfea.gov.uk).
- . 2012c. 'What Can My Donor-Conceived Offspring Find out about Me?' Human Fertilisation and Embryology Authority website.
- . 2014. 'Sperm and Egg Donation in the UK: 2012-2013'. Human Fertilisation and Embryology Authority. [http://www.hfea.gov.uk/docs/Egg\\_and\\_sperm\\_donation\\_in\\_the\\_UK\\_2012-2013.pdf](http://www.hfea.gov.uk/docs/Egg_and_sperm_donation_in_the_UK_2012-2013.pdf).
- . 2016. 'Fertility Treatment in 2014: Trends and Figures'. Human Fertilisation and Embryology Authority. [http://www.hfea.gov.uk/docs/HFEA\\_Fertility\\_treatment\\_Trends\\_and\\_figures\\_2014.pdf](http://www.hfea.gov.uk/docs/HFEA_Fertility_treatment_Trends_and_figures_2014.pdf).
- HMSO. 1990. *Human Fertilisation and Embryology Act*.
- Holland, Suzanne. 2001. 'Contested Commodities at Both Ends of Life: Buying and Selling Gametes, Embryos, and Body Tissues'. *Kennedy Institute of Ethics Journal* 11 (3): 263–84.

- Howell, Signe. 2006. *The Kinning of Foreigners*. New York and Oxford: Berghahn Books.
- Høyer, Klaus. 2002. 'Conflicting Notions of Personhood in Genetic Research'. *Anthropology Today* 18 (5): 9–13.
- Infertility Network. 2016. 'NHS Funding for Fertility Treatment in Scotland'. [http://www.infertilitynetworkuk.com/niac\\_2/nhs\\_funding\\_in\\_scotland](http://www.infertilitynetworkuk.com/niac_2/nhs_funding_in_scotland).
- Jadva, V., T. Freeman, W. Kramer, and S. Golombok. 2011. 'Sperm and Oocyte Donors' Experiences of Anonymous Donation and Subsequent Contact with Their Donor Offspring'. *Human Reproduction* 26 (3): 638–45.
- Jadva, Vasanti, Tabitha Freeman, Wendy Kramer, and Susan Golombok. 2010. 'Experiences of Offspring Searching for and Contacting Their Donor Siblings and Donor'. *Reproductive BioMedicine Online* 20 (4): 523–32.
- Jamieson, Lynn. 1999. 'Intimacy Transformed? A Critical Look at the 'Pure Relationship''. *Sociology* 33 (3): 477–94.
- Jones, Christine, and Simon Hackett. 2011. 'The Role of "Family Practices" and "Displays of Family" in the Creation of Adoptive Kinship'. *British Journal of Social Work* 41 (1): 40–56.
- . 2012. 'Redefining Family Relationships Following Adoption: Adoptive Parents' Perspectives on the Changing Nature of Kinship between Adoptees and Birth Relatives'. *British Journal of Social Work* 42 (2): 283–99.
- Joralemon, Donald, and Phil Cox. 2003. 'Body Values: The Case against Compensating for Transplant Organs'. *Hastings Center Report* 33 (1): 27–33.
- Jordan, Caren B, Cynthia D Belar, and R Stan Williams. 2004. 'Anonymous Oocyte Donation: A Follow-up Analysis of Donors' Experiences.' *Journal Of Psychosomatic Obstetrics And Gynaecology* 25 (2): 145–51.
- Kalfoglou, A.L., and J. Gittelsohn. 2000. 'A Qualitative Follow-up Study of Women's Experiences with Oocyte Donation'. *Human Reproduction* 15 (4): 798–805.
- Katz, Kathryn D. 1993. 'Ghost Mothers: Human Egg Donation and the Legacy of the Past'. *Albany Law Review* 53 (3): 733–80.
- Khamsi, Firouz, Maxine W. Endman, Iara C. Lacanna, and Jeremy Wong. 1997. 'Some Psychological Aspects of Oocyte Donation from Known Donors on Altruistic Basis'. *Fertility and Sterility* 68 (2): 323–27.
- Kirkman, Maggie. 2002. 'What's the Plot? Applying Narrative Theory to Research in Psychology'. *Australian Psychologist* 37 (1): 30–38.
- . 2003. 'Egg and Embryo Donation and the Meaning of Motherhood.' *Women & Health* 38 (2): 1–18.
- . 2004a. 'Genetic Connection and Relationships in Narratives of Donor-Assisted Conception'. *Australian Journal of Emerging Technologies and Society* 2 (1): 1–20.
- . 2004b. 'Saviours and Satyrs: Ambivalence in Narrative Meanings of Sperm Provision'. *Culture, Health and Sexuality* 6 (4).
- . 2008. 'Being a "real" Mum: Motherhood through Donated Eggs and Embryos'. *Women's Studies International Forum* 31 (4): 241–48.
- Klotz, Maren. 2013. 'Genetic Knowledge and Family Identity: Managing Gamete Donation in Britain and Germany'. *Sociology* 47 (5): 939–56.
- . 2016. 'Wayward Relations: Novel Searches of the Donor-Conceived for Genetic Kinship'. *Medical Anthropology* 35 (1): 45–57.

- Konrad, Monica. 2005. *Nameless Relations: Anonymity, Melanesia and Reproductive Gift Exchange between British Ova Donors and Recipients*. Oxford: Berghahn Books.
- Kramer, Anne-Marie. 2011. 'Kinship, Affinity and Connectedness: Exploring the Role of Genealogy in Personal Lives'. *Sociology* 45 (3): 379–95.
- Laidlaw, James. 2000. 'A Free Gift Makes No Friends'. *The Journal of the Royal Anthropological Institute* 6 (4): 617–34.
- Lampic, C., A. Skoog Svanberg, and G. Sydsjö. 2014. 'Attitudes towards Disclosure and Relationship to Donor Offspring among a National Cohort of Identity-Release Oocyte and Sperm Donors'. *Human Reproduction*, July. <http://humrep.oxfordjournals.org/content/early/2014/07/15/humrep.deu152.abstract>.
- Legard, Robin, Jill Keegan, and Kit Ward. 2003. 'In-Depth Interview'. In *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London, Thousand Oaks and New Delhi: Sage.
- Lewis, Jane, and Jane Ritchie. 2003. 'Generalising from Qualitative Research'. In *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London, Thousand Oaks and New Delhi: Sage.
- Lincoln, Y. S., and E. G. Guba. 1985. *Naturalistic Enquiry*. London and New Delhi: Sage.
- Lock, Margaret. 2002. *Twice Dead: Organ Transplants and the Reinvention of Death*. Berkeley, Los Angeles and London: University of California Press.
- Logan, Janette. 2013. 'Contemporary Adoptive Kinship: A Contribution to New Kinship Studies.' *Child & Family Social Work* 18 (1): 35–45.
- Loutradi, Kalliopi E., Efstratios M. Kolibianakis, Christos A. Venetis, Evangelos G. Papanikolaou, George Pados, Ioannis Bontis, and Basil C. Tarlatzis. 2008. 'Cryopreservation of Human Embryos by Vitricification or Slow Freezing: A Systematic Review and Meta-Analysis'. *Fertility and Sterility* 90 (1): 186–93.
- Lui, S.C., and S.M. Weaver. 1996. 'Ethics and Society: Attitudes and Motives of Semen Donors and Non-Donors'. *Human Reproduction* 11 (9): 2061–66.
- Lui, S.C., S.M. Weaver, J. Robinson, M. Debono, M. Nieland, S.R. Killick, and D.M. Hay. 1995. 'A Survey of Semen Donor Attitudes'. *Human Reproduction* 10 (1): 234–38.
- Macfarlane, Alan. 1978. *The Origins of English Individualism: The Family Property and Social Transition*. Oxford: Blackwell.
- March, Karen. 1995. 'Perception of Adoption as Social Stigma: Motivation for Search and Reunion'. *Journal of Marriage and Family* 57 (3): 653–60.
- Martin, E. 1991. 'The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female...' *Signs: Journal of Women in Culture & Society* 16 (3): 485.
- Marx, Karl. 1867. *Capital: A Critique of Political Economy*. London: Harmondsworth.
- Mason, Jennifer. 2008. 'Tangible Affinities and the Real Life Fascination of Kinship'. *Sociology* 42 (1): 29–45.
- Matsuura, Toshiki, Yuji Takehara, Hirotune Kaijima, Shokichi Teramoto, and Osamu Kato. 2008. 'Natural IVF Cycles May Be Desirable for Women with Repeated Failures by Stimulated IVF Cycles'. *Journal of Assisted Reproduction and Genetics* 25 (4): 163–67.

- Mauss, Marcel. 1990. *The Gift: The Form and Reason for Exchange in Archaic Societies*. London: Routledge.
- McCandless, Julie, and Sally Sheldon. 2010. 'The Human Fertilisation and Embryology Act (2008) and the Tenacity of the Sexual Family Form'. *The Modern Law Review* 73 (2): 175–207.
- McGee, Glenn, Sarah-Vaughan Brakman, and Andrea D. Gurmankin. 2001. 'Gamete Donation and Anonymity: Disclosure to Children Conceived with Donor Gametes Should Not Be Optional'. *Human Reproduction* 16 (10): 2033–36.
- McWhinnie, Alexina M. 1996. 'Families Following Assisted Conception: What Do We Tell Our Child?'
- Melhuus, Marit. 2012. *Problems of Conception: Issues of Law, Biotechnology, Individuals and Kinship*. New York and Oxford: Berghahn Books.
- Melhuus, Marit, and Signe Howell. 2009. *Adoption and Assisted Conception: One Universe of Unnatural Procreation. An Examination of Norwegian Legislation*. Edited by Jeanette Edwards and Carles Salazar. New York and Oxford: Berghahn Books.
- Modell, Judith S. 1994. *Kinship with Strangers: Adoption and Interpretations of Kinship in American Culture*. Berkeley, Los Angeles and London: University of California Press.
- Mohr, Sebastian. 2015. 'Living Kinship Trouble: Danish Sperm Donors' Narratives of Relatedness'. *Medical Anthropology* 34 (5): 470–84.
- . 2016. 'Containing Sperm—Managing Legitimacy Lust, Disgust, and Hybridity at Danish Sperm Banks'. *Journal of Contemporary Ethnography* 45 (3): 319–42.
- Mongoven, Ann. 2003. 'Sharing Our Body and Blood: Organ Donation and Feminist Critiques of Sacrifice'. *Journal of Medicine and Philosophy* 28 (1): 89–114.
- Morgan, David. 1996. *Family Connections*. Cambridge: Polity Press.
- Murray, Thomas H. 1987. 'Gifts of the Body and the Needs of Strangers'. *The Hastings Center Report* 17 (2): 30–38.
- National Gamete Donation Trust. 2012. 'Becoming an Egg Donor'. Gloucester: [www.ngdt.co.uk](http://www.ngdt.co.uk).
- . 2016. 'Sperm Donor: Becoming a Donor'. <http://www.ngdt.co.uk/sperm-donor/becoming-a-donor-sperm/>.
- Nordqvist, Petra. 2010. 'Out of Sight, out of Mind: Family Resemblances in Lesbian Donor Conception'. *Sociology* 44 (6): 1128–44.
- . 2012. 'Origins and Originators: Lesbian Couples Negotiating Parental Identities and Sperm Donor Conception'. *Culture, Health & Sexuality* 14 (3): 297–311.
- . 2014. 'Bringing Kinship into Being: Connectedness, Donor Conception and Lesbian Parenthood'. *Sociology* 48 (2): 268–83.
- . 2016. 'Family Practices and Family Thinking'. BSA Human Reproduction Working Group Annual Conference. De Montford University, Leicester.
- Nordqvist, Petra, and Carol Smart. 2014. *Relative Strangers: Family Life, Genes and Donor Conception*. Basingstoke and New York: Palgrave Macmillan.
- Nuffield Council on Bioethics. 2013. 'Donor Conception: Ethical Aspects of Information Sharing'. London.
- Orobitg, Gemma, and Carles Salazar. 2005. 'The Gift of Motherhood: Egg Donation in a Barcelona Infertility Clinic'. *Ethnos* 70 (1): 31–52.



- Parry, and Maurice Bloch, eds. 1989. *Money and the Morality of Exchange*. Cambridge, New York and Melbourne: Cambridge University Press.
- Parry, Jonathan. 1986. 'The Gift, the Indian Gift and the "Indian Gift"'. *Man*, New Series, 21 (3): 453–73.
- Parry, Sarah. 2006. '(Re)constructing Embryos in Stem Cell Research: Exploring the Meaning of Embryos for People Involved in Fertility Treatments'. *Social Science & Medicine* 62 (10): 2349–59.
- Partrick, Matthew, Allison L. Smith, William R. Meyer, and Robert A. Bashford. 2001. 'Anonymous Oocyte Donation: A Follow-up Questionnaire'. *Fertility and Sterility* 75 (5): 1034–36.
- Pelinck, M. J., A. Hoek, A. H. M. Simons, and M. J. Heineman. 2002. 'Efficacy of Natural Cycle IVF: A Review of the Literature'. *Human Reproduction Update* 8 (2): 129–39.
- Pennings, Guido, Robert Klitzman, and Fernando Zeggors-Hochschild. n.d. 'International Regulation and Cross-Country Comparisons'. In *Regulating Reproductive Donation*, edited by Susan Golombok, Rosamund Scott, John B. Appleby, Martin Richards, and Stephen Wilkinson. Cambridge and New York: Cambridge University Press.
- Purewal, S., and O.B.A. van den Akker. 2009. 'Systematic Review of Oocyte Donation: Investigating Attitudes, Motivations and Experiences'. *Human Reproduction Update* 15 (5): 499–515.
- Ragoné, Helena. 1994. *Surrogate Motherhood: Conception in the Heart*. Colorado and Oxford: Westview Press.
- Rapport, Frances. 2003. 'Exploring the Beliefs and Experiences of Potential Egg Share Donors'. *Journal of Advanced Nursing* 43 (1): 28–42.
- Ravelingien, A., V. Provoost, and G. Pennings. 2013. 'Donor-Conceived Children Looking for Their Sperm Donor: What Do They Want to Know?' *Facts, Views & Vision in ObGyn* 5 (4): 257.
- Readings, Jennifer, Lucy Blake, Polly Casey, Vasanti Jadv, and Susan Golombok. 2011. 'Secrecy, Disclosure and Everything in-between: Decisions of Parents of Children Conceived by Donor Insemination, Egg Donation and Surrogacy'. *Reproductive BioMedicine Online* 22 (5): 485–95.
- Reynaert, Didier, Maria Bouverne-de-Bie, and Stijn Vandeveld. 2009. 'A Review of Children's Rights Literature since the Adoption of the United Nations Convention on the Rights of the Child'. *Childhood* 16 (4): 518–34.
- Richards, Lyn, and Janice M. Morse. 2007. 'Coding'. In *Readme First for a User's Guide to Qualitative Methods*, edited by Lyn Richards. London: Sage.
- Richards, Martin. 2016. 'The Development of Governance and Regulation of Donor Conception in the UK'. *Regulating Reproductive Donation*, 14.
- Riessman, Catherine Kohler. 1993. *Narrative Analysis*. Vol. 30. London and Newbury Park, California: Sage.
- Riggs, Damien W., and Laura Russell. 2011. 'Characteristics of Men Willing to Act as Sperm Donors in the Context of Identity-Release Legislation'. *Human Reproduction* 26 (1): 266–72.
- Riggs, Damien W., and Brett Scholz. 2011. 'The Value and Meaning Attached to Genetic Relatedness among Australian Sperm Donors'. *New Genetics and Society* 30 (1): 41–58.

- Roberts, Celia, and Karen Throsby. 2008. 'Paid to Share: IVF Patients, Eggs and Stem Cell Research'. *Social Science & Medicine* 66 (1): 159–69.
- Robson, Colin. 2002. *Real World Research: A Resource for Social Scientists and Practitioners-Researchers*. Oxford and Malden, Massachusetts: Blackwell.
- Rosenthal, Carolyn J. 1985. 'Kinkeeping in the Familial Division of Labor'. *Journal of Marriage and Family* 47 (4): 965–74.
- Sanner, Margareta A. 2003. 'Transplant Recipients' Conceptions of Three Key Phenomena in Transplantation: The Organ Donation, the Organ Donor, and the Organ Transplant'. *Clinical Transplantation* 17 (4): 391–400.
- Sants, H. J. 1964. 'Genealogical Bewilderment in Children with Substitute Parents'. *British Journal of Medical Psychology* 37 (2): 133–42.
- Sauer, Mark V. 1997. 'Should Egg Donors Be Paid? Exploitation or a Woman's Right?' *BMJ: British Medical Journal* 314 (7091): 1403.
- Scheib, J.E., M. Riordan, and S. Rubin. 2005. 'Adolescents with Open-Identity Sperm Donors: Reports from 12–17 Year Olds'. *Human Reproduction* 20 (1): 239–52.
- Scheib, Joanna E., and Rachel A. Cushing. 2007. 'Open-Identity Donor Insemination in the United States: Is It on the Rise?' *Fertility and Sterility* 88 (1): 231–32.
- Scheper-Hughes, Nancy. 2007. 'The Tyranny of the Gift: Sacrificial Violence in Living Donor Transplants'. *American Journal of Transplantation* 7 (3): 507–11.
- Scheper-Hughes, Nancy, and Margaret M. Lock. 1987. 'The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology'. *Medical Anthropology Quarterly* 1 (1): 6–41.
- Schneider, David. 1968. *American Kinship: A Cultural Account*. Chicago and London: University of Chicago Press.
- Schover, L.R., S.A. Rothmann, and R.L. Collins. 1992. 'The Personality and Motivation of Semen Donors: A Comparison with Oocyte Donors'. *Human Reproduction* 7 (4): 575–79.
- Sharp, Lesley A. 1995. 'Organ Transplantation as a Transformative Experience: Anthropological Insights into the Restructuring of the Self'. *Medical Anthropology Quarterly*, New Series, 9 (3): 357–89.
- Shaw, Rhonda. 2007. 'The Gift-Exchange and Reciprocity of Women in Donor-Assisted Conception'. *The Sociological Review* 55 (2): 293–310.
- . 2008. 'The Notion of the Gift in the Donation of Body Tissues'. *Sociological Research Online* 13 (6): 4.
- . 2015. 'Expanding the Conceptual Toolkit of Organ Gifting'. *Sociology of Health & Illness* 37 (6): 952–66.
- Sheldon, Sally. 2005. 'Fragmenting Fatherhood: The Regulation of Reproductive Technologies'. *The Modern Law Review* 68 (4): 523–53.
- Shildrick, M, P McKeever, S Abbey, J Poole, and H Ross. 2009. 'Troubling Dimensions of Heart Transplantation'. *Medical Humanities* 35 (1): 35–38. doi:10.1136/jmh.2008.001073.
- Shilling, Chris. 2003. *The Body and Social Theory*. 2nd ed. London, Thousand Oaks and New Delhi: Sage.
- Smart, Carol. 2007. *Personal Life: New Directions in Sociological Thinking*. Cambridge and Malden: Polity Press.

- . 2009. 'Family Secrets: Law and Understandings of Openness in Everyday Relationships'. *Journal of Social Policy* 38 (04): 551–67.
- . 2010. 'Law and the Regulation of Family Secrets'. *International Journal of Law, Policy and the Family* 24 (3): 397–413.
- Smart, Carol, and Beccy Shipman. 2004. 'Visions in Monochrome: Families, Marriage and the Individualization thesis<sup>1</sup>'. *The British Journal of Sociology* 55 (4): 491–509.
- Snowden, R., G. Mitchell, and E. Snowden. 1983. *Artificial Reproduction: A Social Investigation*. London: Allen and Unwin.
- Sothorn, Matthew, and Jen Dickinson. 2011. 'Repaying the Gift of Life: Self-Help, Organ Transfer and the Debt of Care'. *Social & Cultural Geography* 12 (8): 889–903.
- Speirs, Jennifer. 2008. 'Secretly Connected? Anonymous Semen Donation, Genetics and Meanings of Kinship'. Edinburgh: University of Edinburgh.
- . 2012. 'Semen Donors' Curiosity about Donor Offspring and the Barriers to Their Knowing'. *Human Fertility* 15 (2): 89–93.
- Sque, Magi, and Sheila A. Payne. 1996. 'Dissonant Loss: The Experiences of Donor Relatives'. *Social Science & Medicine* 43 (9): 1359–70.
- Stanley, Liz, and Sue Wise. 1993. *Breaking out Again: Feminist Ontology and Epistemology*. London and New York: Routledge.
- Strathern, Marilyn. 1992a. *After Nature: English Kinship in the Late Twentieth Century*. Cambridge and New York: Cambridge University Press.
- . 1992b. *Reproducing the Future: Anthropology, Kinship and the New Reproductive Technologies*. Manchester: Manchester University Press.
- Strauss, Anselm L., and Juliet M. Corbin. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks and London: Sage.
- Tallandini, Maria Anna, Liviana Zanchettin, Giorgio Gronchi, and Valentina Morsan. 2016. 'Parental Disclosure of Assisted Reproductive Technology (ART) Conception to Their Children: A Systematic and Meta-Analytic Review'. *Human Reproduction*, April. <http://humrep.oxfordjournals.org/content/early/2016/04/08/humrep.dew068.abstract>.
- Teman, Elly. 2003. 'The Medicalization Of "nature" in The "artificial Body": Surrogate Motherhood in Israel'. *Medical Anthropology Quarterly* 17 (1): 78–98.
- Thompson, Charis. 2001. 'Strategic Naturalizing: Kinship in an Infertility Clinic'. In *Relative Values: Reconfiguring Kinship Studies*, Franklin and McKinnon. Durham and London: Duke University Press.
- . 2005. *Making Parents: The Ontological Choreography of Reproductive Technologies*. Cambridge and Massachusetts: The MIT Press.
- Titmuss, Richard M. 1973. *The Gift Relationship: From Human Blood to Social Policy*. Harmondsworth: Penguin.
- Turner, A.J., and A. Coyle. 2000. 'What Does It Mean to Be a Donor Offspring? The Identity Experiences of Adults Conceived by Donor Insemination and the Implications for Counselling and Therapy'. *Human Reproduction* 15 (9): 2041–51.

- Turner, Candace. 1993. 'A Call for Openness in Donor Insemination'. *Politics and the Life Sciences*, 197–99.
- Tutton, Richard. 2002. 'Gift Relationships in Genetics Research'. *Science as Culture* 11 (4): 523–42.
- . 2004. 'Person, Property and Gift: Exploring the Language of Tissue Donation to Biomedical Research'. In *Genetic Databases: Socio-Ethical Issues in the Collection and Use of DNA*, edited by Oonagh Corrigan and Richard Tutton. London: Routledge.
- Valentine, Kylie. 2005. 'Citizenship, Identity, Blood Donation'. *Body & Society* 11 (2): 113–28.
- Waldby, Catherine, and Robert Mitchell. 2006. *Tissue Economies: Blood, Organs, and Cell Lines in Late Capitalism*. Durham and London: Duke University Press.
- Waldby, Catherine, Marsha Rosengarten, Carla Treloar, and Suzanne Fraser. 2004. 'Blood and Bioidentity: Ideas about Self, Boundaries and Risk among Blood Donors and People Living with Hepatitis C'. *Social Science & Medicine* 59 (7): 1461–71.
- Wallbank, Julie. 2002. 'Too Many Mothers? Surrogacy'. *Medical Law Review* 10 (3): 271–94.
- Warnock, Mary. 1984. 'Report of the Committee of Inquiry into Human Fertilisation and Embryology'. cmd 9314. London: Her Majesty's Stationary Office.
- Weeks, J., B. Heaphy, and C. Donovan. 2001. *Same Sex Intimacies: Families of Choice and Other Life Experiments*. London: Routledge. [https://books.google.co.uk/books?id=80\\_rI5dGD6YC](https://books.google.co.uk/books?id=80_rI5dGD6YC).
- Weiss, Gail. 1999. *Body Images: Embodiment as Intercorporeality*. London and New York: Routledge.
- Wheatley, Alison. 2016. 'Good Soldiers, Good Guys and Good Parents: The Meaning of Donation and Donated Tissue in the Context of the Danish Donor Sperm Industry'. Edinburgh: University of Edinburgh.
- Winter, Alanna, and Judith C. Daniluk. 2004. 'A Gift From the Heart: The Experiences of Women Whose Egg Donations Helped Their Sisters Become Mothers'. *Journal of Counseling & Development* 82 (4): 483–95.
- Wischmann, Tewes, and Petra Thorn. 2013. '(Male) Infertility: What Does It Mean to Men? New Evidence from Quantitative and Qualitative Studies'. *Reproductive BioMedicine Online* 27 (3): 236–43.
- Zelizer, Viviana. 1994. *The Social Meaning of Money*. New York: Basic Books.
- Zimmerman, Deborah, Sandra Donnelly, Judith Miller, Donna Stewart, and Shelley E. Albert. 2000. 'Gender Disparity in Living Renal Transplant Donation'. *American Journal of Kidney Diseases* 36 (3): 534–40.



## Appendix i: donor information letter

[address of clinic]

Dear

I am writing to inform you about a social research project currently taking place which you may wish to participate in by taking part in a one-off interview.

The study aims to investigate men and women's views of gamete donation, in light of recent changes in donor anonymity. The study is being conducted independently of any medical institution. However, I am currently acting on behalf of the researcher (Leah Gilman) to send you information about the project, what participating would involve and how to get in contact should you be interested. You will therefore find an information sheet and consent form enclosed.

I would like to emphasise that you are under absolutely no obligation to participate in this study. However, if you are considering taking part, please read through the information contained and/or contact the researcher directly to find out more.

On behalf of the researcher, I would like to thank you for your time in considering this request. If you have any questions about why you were contacted for this study or would like to prevent any future requests for research participation being sent to you, please contact me using the information at the top of this letter.

Yours sincerely,

[name of medical practitioner]



## Appendix ii: donor participant information sheet

DPIS Version 2 - 6/2/13



### **Participant Information Sheet** **Investigating views on sperm and egg donation**

Thank you for considering taking part in this research study. Before you decide whether or not to participate, it is important that you understand what the research is for and what taking part would involve. Please read the following information carefully, talk it over with others if you wish and take your time making your decision. If you would like any further information or wish to ask a question, however small, please do not hesitate to get in contact with me using the contact details provided at the end of this information sheet.

#### **What is the purpose of the study?**

The purpose of the study is to investigate how egg and sperm donation is viewed, in the context of recent legal changes which enable donor-conceived adults to access identifying information about their donor.

#### **What will happen if I take part?**

Taking part in the project would involve a one-off interview with me (Leah Gilman, a PhD researcher from the University of Edinburgh), in a time and place which suits you. It will last between one and two hours. Any travel expenses will be reimbursed. I will ask you about your views on egg and sperm donation. This will include why you think people donate gametes and how you view the act of donation and the recent changes to donor anonymity which enable donor-conceived children to identify their donors. I will not be following a strict schedule and so other related topics are likely to be discussed. Interviews are expected to last between one and two hours. With your permission, I will record interviews using a digital voice recorder. If you prefer, hand written notes can be taken instead. If you wish to stop the interview, take a break or re-schedule, you can request this at any time. After the interview, if you agree, I will contact you via a method of your choosing (i.e. email, letter, phone call), to request your comments on your own interview summary and preliminary research findings.

#### **Do I have to take part?**

No. Whether or not you decide to take part in this study is entirely up to you. Even if you agree to be interviewed, you can change your mind at any point. You can stop the interview (and/or recording) at any time or choose not to answer any particular question, without needing to give a reason. If you decide not to take part in, or to withdraw from, this study, this will in no way affect the quality of medical care you are provided with.





**Will my taking part in the study be kept confidential?**

All the information collected during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage. I will remove your name and any other identifying details from the data so that you cannot be recognised from it.

**What are the possible benefits of taking part?**

By taking part in this study you will be contributing to improved understanding of the way that people view sperm and egg donation. This may lead to the development and improvement of services to better support donors, recipients and donor-conceived children.

**What are the possible disadvantages and risks of taking part?**

There are not thought to be many disadvantages to taking part in this study. However, the interview will take up approximately 1-2 hours of your time. If you agree to read and comment on your interview summary and/or a preliminary research analysis, this may take another 1-2 hours. It is possible that personal or sensitive topics could arise in the interview. However, you should remember that you are under no obligation to answer any particular question.

**What happens when the study is finished?**

At the end of the research, I will destroy all interview audio recordings and the personal details of participants. Should you give your consent, *anonymised* transcripts of interviews will be shared with other researchers via the Economic and Social Data Service (see <http://www.esds.ac.uk/>).

**What will happen to the results of the study?**

I will write up this project as a PhD thesis and it will also be used to write academic articles and provide research reports for policy makers and clinic staff. These may include direct quotations from interviews but will not identify the individual participants involved.

**Who is organising the research?**

My name is Leah Gilman and I am a PhD researcher at the University of Edinburgh. I am both organising and conducting this study. The project is funded by the Economic and Social Research Council and is independent of any NHS institution.

**Who has reviewed the study?**

The study proposal has been reviewed by an NHS research ethics committee and the University of Edinburgh. A favourable ethical opinion has been obtained from South East Scotland REC 01. NHS management approval has also been obtained.



If you wish to make a complaint about the study please contact NHS Lothian:

NHS Lothian Complaints Team  
2nd Floor  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh  
EH1 3EG

Tel: 0131 465 5708

**What should I do next?**

If you do not want to take part in this study, you do not need to do anything. I will not contact you again if you do not respond to this letter.

If you would like to take part, please read, complete and sign the consent form included and return both sections A and B using the stamped, addressed envelope included. Alternatively contact me via email, text or phone using the details below. I will then contact you to arrange an interview at a time convenient for you.

If you would like further information or to ask any questions you may have, please get in contact with me using the following information. You will be under no obligation to take part:

Leah Gilman  
The University of Edinburgh  
Old Surgeon's Hall  
High School Yards  
Edinburgh  
EH1 1LZ

[L.i.gilman@sms.ed.ac.uk](mailto:L.i.gilman@sms.ed.ac.uk)  
Telephone: 07939 662218

Whatever your decision, I would like to thank you for taking the time to read through this information.



## Appendix iii: donor consent form

DCF Version 2 – 6.2.13.



### Consent Form

Please read the participant information letter (DPIS Version 2) entitled "Investigating views on sperm and egg donation" before completing this form.

If you would like to be interviewed as part of the study, please, read and confirm that you understand the statements 1-6 in section A by ticking the adjacent boxes. Please also tick the relevant boxes (7 and 8) if you consent to your interview being audio recorded and/or anonymised data from your interview being shared as described. Please note that it is still possible to take part in an interview even if you do not want it to be recorded or data shared.

Next complete your details in section B on the following page.

Please then **return both sections** using the stamped, addressed envelope contained. You will then be contacted so that an interview can be arranged

### Section A

Please tick the adjacent box if you agree with the following statements and sign below:

1. I have voluntarily agreed to take part in this study. ☐
2. I was adequately informed about this research and have had the opportunity to ask questions. ☐
3. I understand that I can withdraw from this research at any time. ☐
4. I understand that I am not being rewarded financially or otherwise for my participation. ☐
5. I understand that my personal details and participation in this study will be kept confidential. ☐
6. I understand that research publications may include quotations from my interview. However, individuals will never be named. ☐
7. I consent for anonymised data from my interview to be shared with other researchers via the Economic and Social Data Service. It will be still be possible to participate in the interview if you prefer that data from your interview is not shared in this way ☐
8. I consent for my interview to be recorded using a digital voice recorder. ☐

Signature: ..... Date: .....

**Section B**

Name	
Address	
Email	
Telephone	
How would you like to be contacted (i.e. by email, post, telephone etc.)	

## Appendix iv: staff participant letter

SLI Version 1 – 6.2.13.



University of Edinburgh  
Old Surgeon's Hall  
High School Yards  
Edinburgh  
EH1 1LZ  
L.i.gilman@sms.ed.ac.uk  
Telephone: 07939 662218

Tuesday 7<sup>th</sup> May 2013

Dear [name of staff member]

### Invitation to take part in social research

As many of you will already know, I am currently conducting a social research study on the topic of sperm and egg donation, based at [clinic name]. Thank you so much for making time for me at the recent staff meeting and I'm very grateful for all your feedback and comments on the project. As discussed, I am now writing to ask whether you might consider further supporting the project by also acting as a participant. Although I would greatly appreciate your participation, I would like to remind you that you are not any obligation to take part.

Although you may already have some knowledge of the project, please read through the attached/enclosed information sheet carefully to ensure you understand the aims of the project and what participation would involve. I hope that this will help you to make an informed decision. Please also take the time to read this even if you do not want to participate as you may be indirectly affected by the study since it will take place in your workplace. If you would like any further information or wish to ask a question, however small, please do not hesitate to get in contact.

If you would be willing to participate (either by allowing me to sit in on a consultations or procedures or by taking part in an interview), please get in contact by email ([leah.gilman@googlemail.com](mailto:leah.gilman@googlemail.com) or [l.i.gilman@sms.ed.ac.uk](mailto:l.i.gilman@sms.ed.ac.uk)), telephone (07939 662218) or let me know in person.

If you would like further information or to ask any questions you may have, please don't hesitate to contact me. You will be under no obligation to take part.

Whatever your decision, I would like to thank you for your time in reading through this information.

Best wishes,

Leah Gilman



## Appendix v: staff participant information sheet

SPIS Version 2 - 6.2.13



### **Participant Information Sheet** **How do egg and sperm donors view donation?**

Thank you for considering taking part in this research study. Before you decide whether or not to participate, it is important that you understand what the research is for and what taking part would involve. Please read the following information carefully, talk it over with others if you wish and take your time making your decision. If you would like any further information or wish to ask a question, however small, please do not hesitate to get in contact with me using the contact details provided at the end of this information sheet.

#### **What is the purpose of the study?**

The purpose of the study is to investigate how sperm and egg donors view and experience donation. I aim to understand how and why donors develop the views they have.

#### **Why have I been asked to take part?**

All staff at the clinic have been asked to take part in this study.

#### **What will happen if I take part?**

You can take part in the study either by agreeing to be "job shadowed" and/or by participating in an interview.

"Job shadowing" would involve being observed at work combined with informal discussion about your workplace activities. It could take place at a time which suits you and might last between half a working day and one day, dependent on your wishes and timetable. The purpose is for me to learn more about the clinic environment and what are the usual practices and procedures which take place there. This will help me when planning interviews with donors.

The purpose of interviewing clinic staff is to understand how you view and interact with donors. This is likely to influence how donors view and experience the donation process. If you are willing to be interviewed, it would take place in a time and place to suit you. You will be asked to share your views of sperm and egg donors, why you think they donate, how you view their position in relation to recipients and donor-conceived offspring and how you interact with donors in the clinic. I will not be following a strict schedule and so other related topics are likely to be discussed. Interviews are expected to last approximately one hour.

If you agree, I will also contact you after the interview, via a method of your choosing (i.e. email, letter, phone call), to request your comments on your own interview summary and preliminary research findings.





**Do I have to take part?**

No. Whether or not you decide to take part in this study is entirely up to you. Even if you agree to be interviewed or observed, you can change your mind at any point. You can stop the interview (and/or recording) at any time or choose not to answer any particular question, without needing to give a reason.

Since you work as a team, many of you will be indirectly observed in the work place since it will not be possible to observe one person at work without coming into contact with other staff members. If you have any questions about, or objections to, this please let me know (see last section). Observations will not be conducted in the presence of anyone who prefers not to be. This will be achieved by only planning observations at times or in areas where no staff have any objections.

**Will my taking part in the study be kept confidential?**

All the information collected during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage. I will remove your name and any other identifying details from the data (including the identity of the clinic) so that you cannot be recognised from it.

Due to the small numbers of staff involved in this study and the fact that you are all familiar to one another, it is possible that other members of staff, donors or patients in the clinic might guess the identity of participants based on research reports. I will make every effort to avoid this possibility by omitting identifying details. However, to ensure that no participant has any concerns about what will be reported, or how, staff interviewees will be offered a copy of their transcript which they will be able to edit before it is used for data analysis.

**What are the possible benefits of taking part?**

By taking part in this study you will be contributing to improved understanding of donors' views and experiences in the current legal context. This may lead to the development and improvement of services to support donors, recipients and donor-conceived children.

**What are the possible disadvantages and risks of taking part?**

There are not thought to be many disadvantages to taking part in this study. However, interviews will take up between 20 minutes and 1 hour of your time. If you agree to read and comment on your interview summary and/or a preliminary research analysis, this may take another 1-2 hours altogether. It is possible that personal or sensitive topics could arise in the interview. However, you should remember that you are under no obligation to answer any particular question.

**What happens when the study is finished?**

At the end of the research, I will destroy all interview audio recordings and the personal details of participants. Should you give your consent, *anonymised* transcripts of interviews will be shared with other researchers via the Economic and Social Data Service (see <http://www.esds.ac.uk/>).



**What will happen to the results of the study?**

I will write up this project as a PhD thesis and it will also be used to write academic articles and provide research reports for the clinic and policy makers. These may include direct quotations from interviews but will not identify the individual participants involved.

**Who is organising the research?**

My name is Leah Gilman and I am a PhD researcher at the University of Edinburgh. I am both organising and conducting this study. The project is funded by the Economic and Social Research Council and is independent of any NHS institution.

**Who has reviewed the study?**

The study proposal has been reviewed by an NHS research ethics committee and the University of Edinburgh. A favourable ethical opinion has been obtained from South East Scotland REC 01. NHS management approval has also been obtained.

If you wish to make a complaint about the study please contact NHS Lothian:

NHS Lothian Complaints Team

2nd Floor

Waverley Gate

2-4 Waterloo Place

Edinburgh

EH1 3EG

Tel: 0131 465 5708

**What should I do next?**

If you have any objection to my presence observing practices in the clinic, please contact me or [name of clinic manager] to inform one or both of us. Your wishes will be respected and you do not need to give a reason.

If you would like to take part, please contact me using the details below or return the slip included with this letter. I will then contact you to arrange an interview and/or period of observation. If you would like further information or to ask any questions you may have, please also contact me. You will be under no obligation to take part.

Leah Gilman

The University of Edinburgh

Old Surgeon's Hall

High School Yards

Edinburgh

EH1 1LZ

[L.i.gilman@sms.ed.ac.uk](mailto:L.i.gilman@sms.ed.ac.uk)

Telephone: 07939 662218

Whatever your decision, I would like to thank you for taking the time to read through this information.



## Appendix vi: donor interview topic guide

DTG Version 2 – 30.8.13.

### **Topic Guide – Donor Interviews (DTG Version 1)**

This topic guide will be used flexibly. The following broad topics (indicated by letters) will be discussed throughout the interview. They will not necessarily be discussed in the order below. The numbered questions which follow are intended to be illustrative of the kinds of questions the interviewer will ask in order to explore these topics. However, the particular questions asked will depend on the responses of participants.

#### **A. Deciding to donate.**

1. Could you tell me about the circumstances in which you came to donate?
2. What was going on in your life at the time you became a donor?
3. When was the first time you thought about it?
4. Where/from whom did you first learn that it was a possibility?
5. Do you think other donors also have similar motivations to you?
6. Did the knowledge that donor-conceived children can now access the identity of the donor impact on your decision in any way? Did you know about this recent change in the law before you embarked on the donation process?
7. What information did the clinic provide about donation?
8. Did you receive any payment during or after donation?
9. Do you think you would have donated if it had to be anonymous? Or if donors were paid/paid higher amounts?
10. (If relevant) did you know about set payments before you contacted the clinic? How did you respond to finding out?
11. Do you think there's anything in your background at all that might have meant you became a donor whilst others don't?

#### **B. What kind of act is gamete donation?**

1. What kind of people do you think choose to become sperm donors/egg donors?
2. Has gamete donation been an important or significant act in your life? Why, why not, in what ways? Would you say this is the same for other donors? What about other types of donors (e.g. sperm, egg, known, volunteer, egg share)?
3. Gamete donation is sometimes compared to blood donation. Do you think this is a good comparison in terms of the meaning which donation has for you?
4. How do you think the general public view gamete donation/gamete donors?
5. (If relevant) how have you explained/how would you explain donation to your own children?

#### **C. What was your experience of donation?**

1. What was your experience of being a donor in the clinic? Was it what you expected?
2. How did donating effect your life outside the clinic, (work, relationships)?
3. Did you experience any pain, discomfort or inconvenience?
4. How do you think you were viewed by clinic staff?
5. Could your experience have been improved in any way?
6. Why do you think some people might report negative/positive (depending on participant's stated views) experiences of donation?
7. What was the best/worst aspect of being a donor?

**D. What are your feelings about the donation now that it is completed?**

1. Have you given much thought to the donation since you completed the process?
2. Have you or any aspect of your life changed as a result of the donation?
3. Have you discussed your donation with any other people? What have you told them?
4. Have you/do you intend to tell any family members (particularly partner, existing or possible future children or own parents)? How/why did you decide this?
5. What was the reaction of family and friends?
6. What is your own family like? Do you generally get along?
7. Would you donate again?
8. Have you/would you like to know the outcome of your donation?
9. Do you feel any kind of reciprocation for your actions? Would you have wanted this?

**E. What do you think your role is in relation to a donor-conceived child and recipients?**

1. How do feel about the possibility of a donor-conceived child finding out more about you and possibly contacting you?
2. Have you given much thought to this possibility? Do you think this is likely? How do you think it could happen?
3. Why do you think a donor-conceived child *might* want to contact you?
3. Do you think it was right that the law was changed to allow donor-conceived children to contact their gamete donors? Why?
4. How do you think you would or should respond to any contact from the child?
5. Did you find out if any children have been conceived from the donation?
6. Did you ask or specify anything about the recipients of your donation?
7. Would you be interested in finding out more about or meeting the recipients of your donation and/or any children conceived?
8. Are there any ways you feel the current law re gamete donation should be changed?

**F. Collect demographic information**

If not already covered over the course of the interview, ask:

- age (now and at time of donation)
- type of donor
- time since donation
- number of times donated
- educational background
- occupation
- parental status
- ages of children (now and at time of donation)

The interviewer will use the last two questions to lead into a “winding down” period whereby the conversation becomes more two directional and less personal topics are discussed.



## Appendix vii: staff participant consent form

SCF Version 2 – 6.2.13.



### Consent Form

Please read the participant information letter (SPIS Version 2) entitled "Investigating sperm and egg donation" before completing this form.

If you would like to be interviewed as part of the study please, read and confirm that you understand statements 1-6 in section A by ticking the adjacent boxes. Please also tick the relevant boxes (7 and 8) if you consent to your interview being audio recorded and/or anonymised data from your interview being shared as described. Please note that it is still possible to take part in an interview even if you do not want it to be recorded or data shared.

If you would like to be sent a copy of your interview transcript or summary and/or are willing to comment on preliminary research findings, please also complete your details and preferences in section B on the following page.

### Section A

Please tick and sign only if you **agree** with the following statements:

1. I have voluntarily agreed to take part in this study. ☐
2. I was adequately informed about this research and have had the opportunity to ask questions. ☐
3. I understand that I can withdraw from this research at any time. ☐
4. I understand that I am not being rewarded financially or otherwise for my participation. ☐
5. I understand that my personal details and participation in this study will be kept confidential. ☐
6. I understand that research publications may include quotations from my interview. However, individuals will never be named. ☐
7. I consent for anonymised data from my interview to be shared with other researchers via the Economic and Social Data Service. It will be still be possible to participate in the interview if you do not consent. (n.b. not applicable to participants only taking part in job shadowing) ☐
8. I consent for my interview to be recorded using a digital voice recorder (n.b. not applicable to participants only taking part in job shadowing). ☐

Signature: ..... Date: .....

**Section B**

Name	
Address	
Email	
Telephone	
How would you like to be contacted (i.e. by email, post, telephone etc.)	





## Appendix viii: staff interview topic guide

STG Version 1 – 18.12.12.

### **Topic Guide – Staff Interviews (STG Version 1)**

This topic guide will be used flexibly. The following broad topics (indicated by letters) will be discussed throughout the interview. They will not necessarily be discussed in the order below. The numbered questions which follow are intended to be illustrative of the kinds of questions the interviewer will ask in order to explore these topics. However, the particular questions asked will depend on the responses of participants.

#### **A. Your role in the clinic**

1. Could you tell me a little about your role in the clinic?
2. What contact (if any) do you have with gamete donors or recipients?
3. How long have you worked at this clinic and in the field more widely?

#### **B. What do you know/think about gamete donors?**

1. What kind of people become gamete donors? Does it vary for the different types of donors?
2. Why do you think they donate?
3. Has this changed over time, as far as you are aware?
4. Why are so few men donating gametes compared with women?

#### **B. What kind of act is gamete donation?**

1. Do you see gamete donation as an important or significant act in the life of the donor?
2. Gamete donation is sometimes compared to blood donation. Do you think this is a good comparison?
3. How do you think the general public view gamete donation/gamete donors?

#### **C. What is the donation process like for donors?**

1. How would you describe the donation process to a prospective donor?
2. What do you think the process is like for most donors?
3. Did you think donors experience any pain, discomfort or inconvenience?
4. Do you think it would be possible to improve the experiences of donors in general? How?
6. Why do you think some people might report negative/positive experiences of donation?
7. What do you think are the best/worst aspects of being a donor?

#### **D. How do you think donors do/should feel post-donation?**

1. Do you think donors give much thought to the donation after they complete the process?
2. Do you think donation has a long-term impact on the lives of donors?
3. Do you think donors discuss their donation with others? Who? why?

4. Do you think donors tell any family members about donation? Who do you think they would or should tell and why?
5. Do you think many donors would donate repeatedly?
6. Do you think it would be a good idea for donors to be informed of the outcome of their donation? Do you think this is desired?
7. Should donors be reciprocated in any way for their donation?

**E. What do you think the donor's role is or should be in relation to donor-conceived children and recipients?**

1. Do you think it was right that the law was changed to allow donor-conceived children to contact their gamete donors? Why/why not?
2. How do think donors feel about the possibility of a donor-conceived child finding out more about them and possibly contacting them?
3. Do you think it is likely that many donor-conceived children will contact their donor once they reach the age of eighteen?
4. How do you think donors would or should respond to contact from donor offspring?
5. Should donors be allowed to find out more about or meet the recipients of their gametes?
6. Are there any ways you feel the current law re gamete donation should be changed?

**F. Collect demographic information**

If not already covered over the course of the interview, ask:

- age
- brief occupational history
- current role in the clinic
- parental status

The interviewer will use the last two questions to lead into a "winding down" period whereby the conversation becomes more two directional and less personal topics are discussed.

